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FOR

1879.

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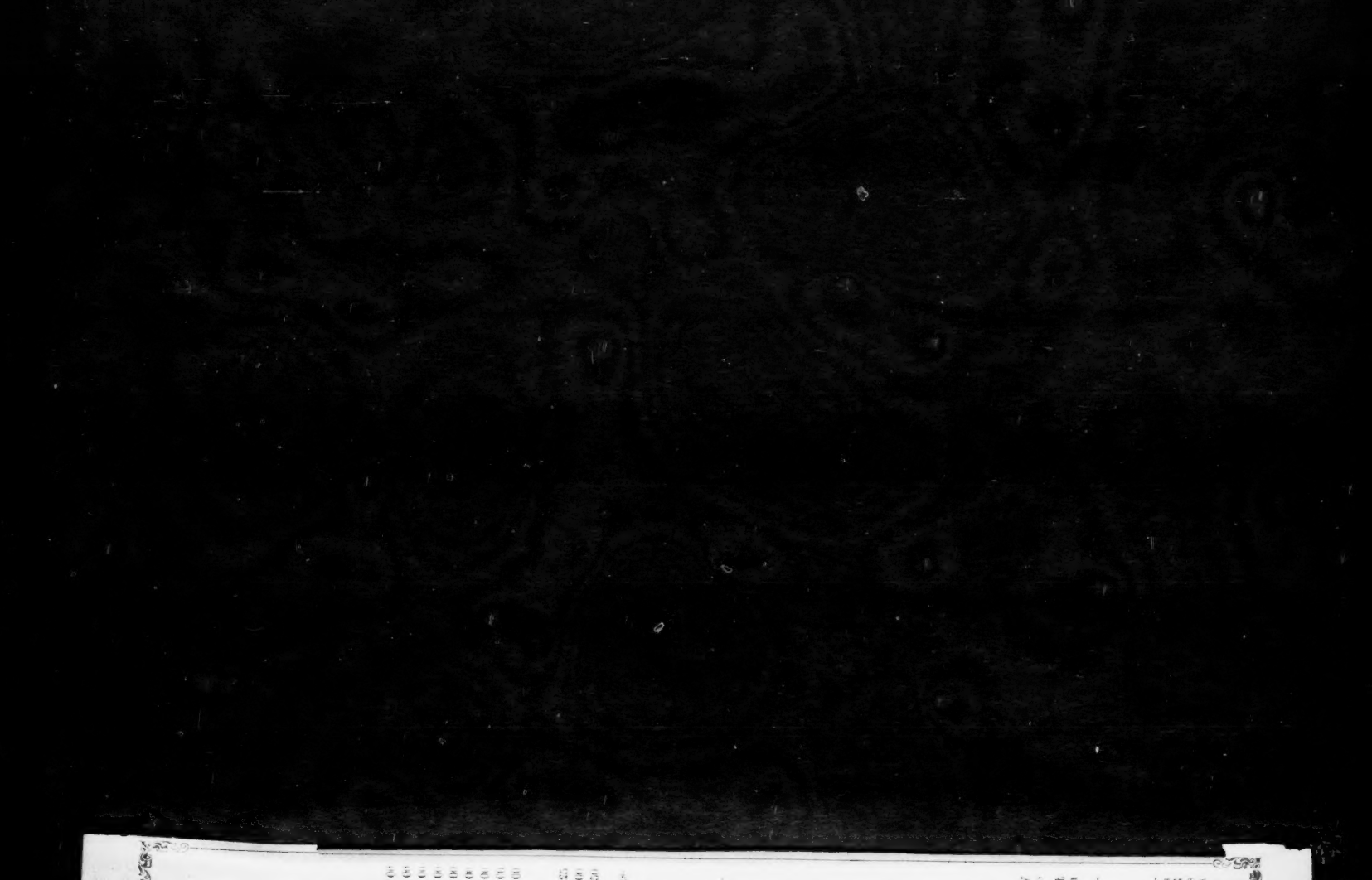

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BY WILLIAM BRAITHWAITE, M. D.

Affections of the System Generally.

ACUTE RHEUMATISM.—It is at present impossible to distinguish those cases who are likely to take the medicine with rapidly good effect, and without any unpleasant results, from those who are intolerant of it. But it may be stated that persons in great pain, and with high fever, and in whom there is not, when the treatment is commenced, any complication, are, as a rule, the most favourable cases for it. Still slight complications, whether cardiac or pulmonary, should not preclude the treatment by salicylate of soda. Indeed, cases occur in which the drug produces rapid relief of the pain and joint affection, and no unpleasant symptoms whatever, notwithstanding the presence of pretty serious complications. Usually, however, the drug seems to have very little effect in modifying the course of cardiac or pulmonary affections occurring in acute rheumatism, although it may reduce the temperature in spite of them. Any one who has seen many cases of acute rheumatism treated by salicylate of soda must, I think, allow that its discovery as a cure for that disease is a triumph of empirical therapeutics, which has probably had but few parallels in the history of medicine. (Dr. S. J. Sharkey, p. 58—3 pages.)

CHOLERA.—*Boracic Acid.*—Mr. Butler, Surgeon Madras Medical Service, has necessarily had a good deal of experience in the treatment of cholera. The most successful plan of treatment only yielded, however, a percentage of 45 to 50 recoveries. He says, I was induced to consider whether any more efficacious remedy could not be resorted to. About this period the properties of boracic acid had recently been made public, and I determined to try its effects. The pure acid not being readily procurable, the biborate of soda was at first employed with marked benefit, the percentage of recoveries rising from 70 to 75 per cent. Subsequently the pure acid was employed in ten-grain doses every two hours, combined with sodæ bibor., or sodæ bicarb., under which treatment every case recovered. (Mr. W. J. Butler, Lancet, Aug. 24, p. 257.)

CONTAGION AND INFECTION.—*Destruction of.*—What power have we of destroying contagion within the body? This is a question beset with many difficulties. It is quite clear that if we are to rely on disinfectants, these must be introduced into the system in sufficient quantity to cause the death of the living particles of contagion; and in doing this we must bear in mind that we do not cause the death of our patient by poisoning him with our remedies, or that we do not seriously damage or destroy some of the delicate organisms which are necessary to his healthy existence. Fortunately we are possessed of disinfectants whose powers are not easily impaired by the presence of organic matter; these are quinine, salicylic acid, and *possibly* also thymol, carvol, eucalyptol, and other recently investigated antiseptics and disinfectants. The power of these agents to destroy contagion has not yet been properly tested, but estimating their disinfectant by their known antiseptic powers, we have good reason to conclude that they are disinfectants. Quinine and salicylic acid possess this advantage, that they can be introduced into the system in large quantities without injury to the patient. We have, therefore, two drugs which have the power of acting as disinfectants within the system. This power, indeed, seems to have been to a certain extent demonstrated in the case of these drugs. We know that the effect of the action of any contagion within the system is to produce fever, and that the essential symptom of fever is a high temperature. We know that quinine and salicylic acid, administered in large doses, reduce temperature—in fact, suspend for a time the febrile processes and the continued use of these drugs reduces fever. (Dr. T. W. Grimshaw, p. 25—10½ pages.)

FEVER.—*Cause of the preternatural Heat of Fever.*—The greater part of the preternatural heat of fever is due to increased formation of heat by increased combustion of the tissues, especially the nitrogenous tissues. During fever the quantity of urea is largely increased, and this is generally considered to depend on general combustion of the nitrogenous tissues. Some have demurred to this conclusion, maintaining that the increase of urea is due to the retrograde metamorphosis of morbid products formed by the disease, as the exudation into the lungs of pneumonia. This explanation, however, fails altogether to explain the increase of urea in an attack of ague, where no morbid products are formed. Some years ago I showed that during a paroxysm of ague the urea is increased in proportion to the height and duration of the fever, so that given the height of the fever we can approximately calculate the increase in the urea; and, *vice versa*, given the increase of urea, we can ascertain the height of the fever. The increase of the urea begins directly the fever begins, and declines with its decline. This increase in the urea must be ascribed to increased combustion of nitrogenous tissue; and as the increase of urea is in proportion to the severity of the fever, it is fair to conclude that this increased combustion causes the fever. (Dr. Sydney Ringer, p. 50—2 pages.)

Alcohol in Fever.—The therapeutic effects of

alcohol, when exhibited in certain typical forms of fever, are most marked. The cases which require it are those in which there is a dry tongue and skin, no sickness and no indication of cerebro-spinal lesion. If there is any indication of the latter with a moist tongue, stimulants universally do more harm than good, because the tendency is then to increase the congestion upon which the lesion depends. When a case is benefited by alcohol, there is soon produced a lessened temperature, a slower pulse, a moister tongue, and a quieter condition of system generally. The beneficent effect of alcohol in such cases supports the theory which I hold that such fevers are the manifestation of an action which is taking place in the blood of a person who is not in a proper state of health. Some foreign material is retained, or some matter, which ought to have been excreted, exists there in excess of its proper quantity, a specific zymotic germ or some molecular matter, in a state of change, finds entrance into the circulation, and, finding a fitting pabulum, the specific substance is reproduced in quantity, being matured out of the impure material which ought not to be there, supplemented by some other tissues of the body. The growth of this produces more heat than is ordinarily developed, rising at times higher than that which is compatible with life. It is produced at the expense of retained excreta combined with some part of the body which is necessary to support life. Alcohol in such cases comes to the rescue, interfering with the rapid tissue change, and is itself consumed, whereby temperature is lowered, and the morbid matter is not produced so rapidly as would have been the case if the alcohol had not been exhibited; oxidization goes on at a lower temperature, there is a decrease of the production of carbonic acid, and less hurtful products result. In these cases the effect of alcohol has to be most carefully watched, and the moment there is evidence of cerebro-spinal lesion or of alcoholic excess its use must be discontinued. I have seen patients in serious danger, which has been brought about by the wine and spirits which have been too freely exhibited, rather than by the disease itself. (Dr. A. Carpenter, Med. Press and Cir., May 29, p. 440—6 pages.)

The Graduated Bath in Fever.—Temperature may be lowered by the bath when the salicylate fails. In one case, the salicylate of soda was given from the first in doses of thirty grains every two hours, and was stopped at the seventeenth dose. No nervous symptoms are recorded; but sudamina were abundant and resembled croton oil rash, while the urine was albuminous. Recourse was had to the bath because the temperature had risen briskly during the administration of the salicylate, and after the seventeenth dose had reached the dangerous figure of 106·4°. The bath was graduated from 90° to 64° during half-an-hour, and at the end the patient's temperature was 96·6°, a fall of nearly 10° Fahr. The fever was completely subdued, normal temperature being permanently resumed on the fourth day after the bath; the patient was allowed to get up on the twelfth day, and was presented on the fifteenth day. The fact of the complete failure of the salicylate though given in full and rapidly repeated doses is the first point of interest in these cases. If the doses be counted up, 360 grains of salicylate will be found to have been given in forty-eight hours in the first case, and 510 grains in thirty-six hours in the second. The toxic influence of the drug was well declared, by noises in the head and giddiness in the one, by albuminuria in the other. Nevertheless the temperature continued to rise in both instances to 106° or upwards. The effect of the bath was in both to produce an immediate fall of between 9° and 10° Fahr., and a complete cessation of pain, restlessness, and other symptoms attendant on fever. And the effect was also lasting, the rebound not reaching in either case within 3° of the acme, and being followed by rapid defervescence. In typhoid, as in acute rheumatism, the bath is the more energetic remedy of the two, and the safer. No evil results of any kind can be traced to its use, the only objections to it resting on grounds of trouble and exposure, such as ordinary care and nursing power ought to exclude. The cases presented in abstract appear to me so satisfactory as to justify, or perhaps even to demand, the use of the bath in all cases of hyperpyrexia in enteric fever where the moving of the patient is not contra-indicated by peritoneal complication or perforation. Even then the cool pack or cold sponging are valuable substitutes. The rule at present adopted with reference to the bath is that it should be used, with the above necessary exceptions, whenever in enteric fever the temperature having reached 105° is still rising, particularly if the rise be before or after the usual evening hour. As I have claimed before, the practice, though not uniformly successful, has not in any instance done any known harm, and has, in all probability, averted death in several instances. Accordingly, notwithstanding some difficulties arising in the carrying out of the process of bathing, I propose to adhere to this rule in all cases of enteric fever coming under my care. (Dr. W. M. Ord, p. 37.—3 pages.)

Malaria.—*The Action of.*—When malaria exists in a latent or masked form in the human body, it will excite and complicate any disease to which the body, from some peculiar temperament—be it nervous or sanguineous—may be disposed. Thus, if the constitution be disposed to asthma or to hysteria, the patient under the influence of malaria may be seized with a pernicious asthmatic or a pernicious hysterical fever. Should he be disposed to rheumatism or to liver disease, there may be a complication of pernicious icteric or pernicious endocarditis. The form of malarial disease will always be characterised by some prominent symptom of the special diathesis. The spleen is the organ which suffers most frequently from the influence of the poison of malaria; a reservoir of nutritive blood materials, to be drawn upon or utilised when required. An organ void of ducts, not intended for secretion, but for the elaboration and assimilation of germ-cells, the materials of which are derived from the blood, must necessarily suffer in an especial manner from the action of a poison like malaria, which directly tends to decompose this blood, from which it derives the materials for the performance of its function. (Dr. J. Sullivan, p. 47.—2 pages.)

Salicylic Acid as an Antiseptic and Antipyretic.—Up to the present time the antiseptic system of treatment as applied to the zymotic diseases has failed, more or less, for the reasons that either the drugs used have upon absorption into the system been so changed that their properties have altogether departed, or they have exercised such a poisonous influence upon the system that their administration has either been impossible, or being attended with danger and disagreeable results, it has been in such small quantities as to be practically of little value in the treatment of the disease. With salicylic acid, however, the case is different, its administration when pure in large doses is unattended with danger. When pure salicylic acid is administered, part of it passes down the intestinal canal unchanged and may be detected in the fæces, while the rest is absorbed into the blood: apparently in the form of

the neutral salts of soda and potash, it is then eliminated by the kidneys and appears in the urine in the form of salicylicuric acid. I prefer to produce a combination of salicylicate of soda and ammonia as in the following prescription: ℞. Sodæ bicarb. gr. v.; ammon. carb. gr. v.; acid salicylic gr. xx.; aq. ad. ℥ i. (Mr. Engledue Prideaux, p. 54.—3 pages.)

Septic Poison.—*Its Nature and Mode of Production.*—A poisonous septic fluid may be prepared by infusing animal tissue (*e. g.*, muscle) in water, and when this becomes putrid, boiling it with alcohol, removing the alcohol by filtration and evaporation, and extracting it with water. This fluid contains septic poison, capable of destroying life, yet whatever the poison be, it has not been destroyed by boiling alcohol. It has been proved by a well-devised and beautiful series of experiments that the poisonous fluid contains neither bacteria nor germs of any kind; the poisonous matter can, however, be filtered out by a porcelain filter. Now, having ascertained that the fluid containing the poison is free from germs, it is necessary to find out the source of the poisonous material. It arose from the putrid infusion of animal tissue, but how did it get there? It may be now considered as proved, by the observations of Dr. Burdon Sanderson and others, that this virulent poison is the product of a fermentation in the infusion of muscle, the fermentation being promoted by the presence of bacteria, just as the vinous fermentation is promoted by the yeast plant; the ultimate result in the former case being the septic poison—in the latter, alcohol, or, as we may fairly call it, the alcoholic poison. I must here mention that the bacteria, which first appear in organic infusions or cultivating fluids, do not possess the power of producing a septic poison, but the succeeding generations produced by these bacteria do possess this power. The first generation of bodies do not present the same appearance as those which follow, bacteria having the appearance of little rods, produce as offspring, not rod-like bodies, but spheroidal bodies, called micrococci, which have a tendency to collect into masses (gloœa) in which the bodies appear to cohere by means of a gelatinous substance. So much then for the relation of fermentative processes to the production of disease, and it amounts simply to this—that certain fermentations generate poisons, which in their turn may produce diseased conditions. (Dr. T. W. Grimshaw, p. 18.—10½ pages.)

Typhoid Fever.—*Oil of Turpentine and Lucca Oil in the Diarrhœa of Typhoid.*—Oil of turpentine combined with lucca oil, in the proportion of fifteen minims of the former to thirty or more of the latter for a dose, and made up with mucilage or the yolk of an egg, is the best remedy for the diarrhœa and tympanites which are generally associated with typhoid. Under its influence the stools are reduced in number, and become more solid in consistence, and the tympanites gradually less. In only a few patients have I known its administration to be attended with disagreeable results to the stomach, the greater number manifesting a wonderful tolerance of it. It may be given three or four times in twenty-four hours, and continued for weeks if necessary. It prevents the palpable wasting of the disease, and obviates the necessity of giving alcohol stimulants to a great extent—no mean desideratum in a workhouse institution. (Dr. P. L. O'Neile, Practitioner, June, p. 435.)

Pyrexia of Enteric Fever.—The pyrexia of enteric fever may be better treated by quinine and the bath, than by the bath alone. Where everything is favorable, and where the demands for treatment are not more frequent than twice or thrice a day, we may rest content with cold bathing. With the aid of quinine we may dispense with the heroism of four hundred baths in the course of one case of enteric, and we need not let a pyrexia remain untreated when failing heart's action or complications such as pleurisy, peritonitis, hemorrhage, forbid the bath. (Dr. J. Greig Smith, p. 42.—2¾ pages.)

Affections of the Nervous System.

Chorea.—*Subcutaneous Injection of Curara.*—As curara had been recommended in hydrophobia, I suggested it might be tried in chorea, so solutions of the following strength were injected subcutaneously on the dates specified. Jan. 21st, 1878, one-twentieth of a grain; Jan. 22nd, one-twentieth of a grain; Jan. 26th, one-tenth of a grain; Jan. 28th, two-tenths of a grain; Jan. 31st, four-tenths of a grain. On Feb. 2nd four-tenths of a grain of curara were injected. Pulse (felt for the first time) 68, regular. The jacitations were now far less violent, and both the patient and his relatives remarked the improvement without any bad effect. Four-tenths of a grain were injected on Feb. 4th, 5th, 6th, 7th, 8th, 9th, and 10th, by which date he was perfectly quiet, able to walk without help, and could sleep at night without chloral. He had no other medicine at all but curara since the subcutaneous injection treatment was begun. Four-tenths of a grain were injected on the 14th and 18th; on the latter date he spoke a sentence, slowly, but plainly, and readily intelligible by listening attentively. On the 19th, four-tenths of a grain were injected, the patient being in remarkably good spirits. The same quantity was injected on the 22nd, on which day Mr. C. put on his spectacles and read his bible—the first time he had been able to do so for three years. From the last date he has been kept quiet by injecting four-tenths of a grain of curara twice a week. The preparation used in Mr. C.'s case was by Messrs. Savory and Moore, in the form of discs of gelatine, a quarter of an inch square. (Dr. R. T. Wright, p. 66.—1 page.)

Heat Apoplexy.—Have ice applied to the nape of the neck and head, and give fifteen minims of liquid extract of ergot and three minims of tincture of aconite every hour. (Dr. R. F. Dedricksen, p. 64.—1 page.)

Sanguineous Cerebral Apoplexy.—*Subcutaneous Injection of Ergotine.*—The utility of the subcutaneous injection for the exhibition of the active principle of ergot, on account of the rapidity and comparative certainty of its action, has been most successfully demonstrated in cases of post-partum hemorrhage. From the explanation given of its inducing the contraction of the smaller arteries, and from the facility of its administration, especially in cases where swallowing is at least very difficult, I was led to use it in cases of cerebral apoplexy and also of hæmoptysis. For the success of this treatment, both temporarily and permanently, a good deal depends on the promptitude of its administration, before such hemorrhage has taken place and consequent damage to the cerebral substance. The strength of the injection I employ is ten grains of ergotine to the fluid drachm; injecting twelve minims deeply into the muscles, and not merely into the subcutaneous tissue, as in the latter case suppuration is very apt to ensue. (Dr. N. S. Foster, p. 65—¾ page.)

Spinal Sclerosis.—*Diagnosis.*—If a healthy man sits with one knee-joint resting upon the other (the very common attitude), and the ligamentum patellæ of the supported leg be smartly

struck just below the knee-cap with the side of the hand, a sudden contraction takes place of the quadriceps femoris muscle (of which the ligamentum patellæ represents the tendon), and the foot is consequently jerked upwards in a degree which varies in different individuals. Now in confirmed examples of locomotor ataxia this reaction does not take place. No matter on what part of the ligament below the knee-cap, or with what force the blow is struck, the foot hangs motionless. In order to establish with accuracy the absence of the phenomenon certain precautions ought to be taken. The leg should be bare; the patient must not offer voluntary resistance to the movement of his leg, and the ligament should be struck with some hard implement which can be struck like a hammer. I find an ordinary wooden stethoscope answer very well if it is held loosely by the small end, and the blow given with the edge of the ear-piece. But, however administered, several blows should be struck on the ligament, slightly changing the position each time, as there is generally one spot from which the reaction is peculiarly energetic. This is usually a little below, but very near to, the patella. (Dr. T. Buzzard, p. 60.—3 pages.)

Toxic Insomnia.—The external poisons which most frequently cause sleeplessness are tobacco, alcohol, tea, and coffee; the internal, certain effete products of tissue metamorphosis which accumulate in the bodies of gouty persons or of those whose kidneys act deficiently. Many a man does not and cannot sleep sufficiently because he smokes excessively. Cut off his cavendish or his cigars and he will sleep well. Many smokers know that they sleep badly if they smoke more than their usual quantity of tobacco, or if they smoke stronger tobacco than that to which they are accustomed. If a man who smokes two cigars every evening is induced at some time to smoke three, or if a smoker of bird's-eye ventures to replace it by cavendish, he may, when he has gone to bed, find he cannot sleep; and the cause of his sleeplessness is the smoking of more or of stronger tobacco than by habit he has hitherto borne without discomfort. Tobacco-smoking stimulates the cerebral circulation; it disposes to a succession of pleasing ideas by inducing an easy flow of mental activity. But this stimulation of the blood-flow in the brain is sure, if pushed to undue limits, to induce cerebral vaso-motor debility or paralysis, and, as a consequence, persistent conscious thought. And so, *mutatis mutandis*, does alcohol cause sleeplessness. The man who drinks to commencing drunkenness mostly sleeps soundly, if not well. But many a so-called moderate drinker knows that he sleeps badly if he takes a little more than his usual quantity of wine after dinner, or even his usual quantity of some unusual wine. Alcohol flushes and dilates the smaller blood-vessels, especially those of the brain; if such a condition be maintained sleep is disturbed or wanting. There are varieties of toxic insomnia which are apt to occur in gouty persons, or in those whose kidneys are failing, and which arise from the accumulation in the blood, in consequence of deficient excretion of the products of tissue-metamorphosis. Insomnia of this kind is rarely complete. But the patient may complain that he sleeps very badly, that he lies awake for some hours and has great difficulty in getting off to sleep, that he is easily awakened and wakes frequently, and that he always dreams when he sleeps. In such a case we may find a pulse of high tension; the aortic second sound may be accentuated, and the first sound of the heart may be reduplicated at the apex. Where there is chronic renal disease, we may also find the direct physical evidences of the characteristic cardiac hypertrophy which accompanies chronic interstitial nephritis. I believe that insomnia in such cases is due to the maintenance of a state of high tension in the cerebral arteries. I wish to impress upon you that we find the clue to many cases of sleeplessness in the signs of the gouty diathesis or in the discovery of albuminuria. Again, there is a senile form of insomnia. You may perhaps have observed amongst your friends that an exaggerated appreciation of the merits and value of early rising mostly increases as age advances. The sleeplessness from which many old persons suffer is mainly, if not entirely, the result of senile degeneration of the smaller cerebral arteries. Those vessels are less elastic and less contractile than in health, and their weakened walls often lead to their permanent dilatation; they are physically unable to adapt themselves fully to the condition of relative arterial anæmia which is requisite for healthy sleep. The tendency of this condition of the blood-vessels of the brain to prevent or diminish sleep is probably to a great extent counteracted by the cardiac feebleness which so frequently and so fortunately coexists with the vascular changes. In the treatment of insomnia we must often use soporifics. Of these the chief are chloral, opium, morphia, the bromides, Indian hemp, alcohol, and affusion with cold water. The successful treatment of a case of sleeplessness follows from the discovery of its cause. (Dr. J. Sawyer, p. 71.—3¼ pages.)

Affections of the Circulatory System.

Gouty Heart.—The dietary should contain but a small proportion of albuminoid material—indeed just so much as will meet the tissue requirements of the body and no more. And that is much less than is usually imagined. Every particle of nitrogenised material taken in excess of the tissue-needs is so much more waste matter to be dealt with—so much more added to the excrementitious matter which has to be got rid of, or which, if not got rid of, will do definite and intelligible mischief. We have abundance of evidence to show that not only does nitrogenised waste raise the blood-pressure in the arteries; but we know from the observations of the late Prof. Parkes at Netley, that a strictly non-nitrogenised dietary notably lowers the blood-pressure. Consequently, if the gouty patient be placed upon a non-nitrogenised dietary, all these grave and serious consequences of persisting lithæmia will be delayed and kept off for years. The patient should be put upon a dietary which should consist of farinaceous material, fruit, fat and fish. Fish of course contains nitrogen like all other flesh, but a gouty person may eat a good meal of fish, and enjoy it, without getting any great excess of azotised material. Then he should take a good amount of vegetables of all kinds—in winter, potatoes, turnips, carrots winter greens; in spring, spinach, but not much asparagus, for that vegetable contains a quantity of oxalates which teaze a gouty system annoyingly. Consequently, rhubarb is to be avoided; and salads, which should form a portion of the daily dietary of the gouty all the year round, as far as possible, should never contain sorrel, the *Rumex acetosus*, on account of the oxalates present in it. Greens of all kinds, except those just mentioned, cooked and uncooked, should form a considerable portion of the dietary. A lobster salad is the typical food of the gouty man whose digestion is perfect. Potash, or lithia, and the acid phosphate of soda, all form uric acid into soluble salts. They may usually be given persistently without harm. Some persons are very susceptible to the depressant action of potash,

which as a muscle-poison lowers the activity of the heart, and consequently cannot take it in any quantity. But most gouty persons are all the better in every way for the steady use of potash, with or without a little lithia, and can take it freely without inconvenience. It may be given with colchicum or buchu; buchu forming an excellent vehicle. Each dose should be taken about half an hour before a meal, and be washed down with a tumblerful of water. The water is a therapeutic agent of no mean value in these cases. It dilutes the potash and washes the tissues. The first dose ought to be taken on getting out of bed, so that the alkaline fluid may bathe the tissues before any food is taken. Potash, by getting rid of the exciting agent, the uric acid, permits the circulation to quiet down to its normal point. The dyspepsia of gout yields also to a course of alkalies. Exercise and improved oxidation are useful adjuncts. Exercise does not tax the heart injuriously so long as its tissues are sound; neither does it provoke palpitation, as is the case with the muscularly feeble heart. The removal of waste by increased oxidation is a desirable matter. By such means the gouty heart may be long preserved and maintained, and the risks of apoplexy and angina avoided. As to angina, the inhalation of amyl during the attack is certainly indicated. Nitrate of amyl dilates the peripheral vessels, whose contraction is the starting-point of the attack of angina, and so lowers the blood-pressure in the arteries and relieves the heart. (Dr. J. Milner Fothergill, p. 232.—3 pages.)

Affections of the Respiratory System.

ASTHMA.—*Nocturnal.*—The air of bedrooms, especially in the winter, proves, perhaps, the most frequent cause of the "nocturnal" asthma. Notwithstanding the diminished energy of all the vital changes during sleep, at least one thousand cubic feet of air pass every hour through the lungs, and return from them charged with more than four per cent. of carbonic acid, and completely saturated with water vapor; and the expired air contains ammonia, probably from decayed teeth, or from particles of food decomposing in the mouth, also hydrogen, hydrocarbons, and sulphuretted hydrogen which in consequence of a faulty digestion may diffuse themselves into the intestinal veins, and be eliminated by the breath. The products of perspiration and those derived from the combustion of candles, lamps, or gas, contribute in their turn to increase the insalubrity of the place. It is known that the air which contains one per mille of carbonic acid is irrespirable, and its injuriousness is due, not so much perhaps to that gas itself—which when pure, may without harm indeed be inhaled in a somewhat larger quantity than is then present—but to the organic substances which always accompany it. Yet even a slight excess of the pure carbonic acid causes turgescence, a sensation of heat and pricking in the conjunctival and respiratory mucous membranes, while at the same time it increases the cutaneous and mucous secretions. In the presence of organic substances, however, a much smaller quantity of it becomes highly irritative. However large a bedroom may be, a few hours' occupation of it will render it insalubrious in the manner just mentioned, unless the air be constantly renewed to the extent of at least two thousand cubic feet per hour and person. How imperfect even such ventilation must be, as regards the removal of the gaseous impurities, in comparison to their dilution out of doors, is evident from the fact that here more than six millions cubic feet of air are available for the purpose. Unfortunately asthmatics, as a rule, adopt no measures for the supply of fresh air. (Dr. J. B. Berkart, p. 87.—11¼ pages.)

PHTHISIS.—As regards consumption we must look in the capillaries for the first radical changes which produce all the varieties of that disease, the defect consisting essentially in defective mineral nutrition. In advanced cases is another agency which seems to exert considerable influence in preventing recovery: septic influence. Disintegration of tissue brings the effete products of tissue destruction within reach of the absorbents or of the blood, and so has a tendency to vitiate the blood. No one doubts this in cases of advanced cancer; is it otherwise with phthisis? The general emaciation shows that the whole system is affected by the disease; the nutrition of the whole body is interfered with. Such cases may be confounded with cases of starvation. In consumption and other wasting diseases, the capillaries are underfed, and cease to do their work. This may arise either from deficient supply or from non-assimilation of mineral matter. It is the starting-point of the disease, and life ebbs out slowly. Cod-liver oil, being by many persons easily assimilated, supplies fuel at the right time, and so far lightens the work of the underfed capillaries, so that what remains of their force may be turned to other purposes of nutrition. But cod-liver oil does not contain the elementary principle which the chemistry of consumption shows to be deficient. Dr. Anderson proposes to use a tribasic phosphate containing all the bases which analysis has discovered in the coats of the aorta and all the organs examined. He proposes, by supplying all the mineral ingredients of nutrition, to leave nothing to chance, so that if there be a fair amount of assimilation, all the mineral elements for tissue-fabrication or renewal may be present. (Dr. M. F. Anderson, p. 236.—3 pages.)

Antiseptic Atmosphere in Phthisis.—For many years I have held that the majority of phthisical patients die of septicæmia, and that the arrest of this daily re-poisoning is a primary object of treatment. To reach, cleanse, and dress ulcers of the lungs by surgical methods seems impossible, and the effects of antiseptic inhalations are disappointing; if, however, there be an antiseptic climate, we may hope to counteract this secondary blood-poisoning by sending our patients to live in it. Such antiseptic or aseptic climates are found in Switzerland, in Upper Egypt, and in other districts; and in the mountain air of Switzerland there is found also a tonic virtue which no doubt largely aids the physician in his work. The aseptic state of the air on alpine heights has been proved by Professor Tyndall's experiments at the Bel Alp; but the Bel Alp, in common with most other Alpine resorts, is insufficiently sheltered. In Davos alone, so far as we yet know, is found an air at once aseptic, bracing, and still. Davos is situated in an Alpine valley towards the east of Switzerland, in the Grisons. There is good accommodation. (Dr. T. C. Allbutt, p. 78.—4 pages.)

Early Phthisis.—When the tongue is covered with a thick fur, it is useless, or nearly so, to give iron and cod-liver oil; for the tongue is the indicator of the state of the intestinal canal, and absorption through the thick layer of dead epithelium cells is well-nigh impossible. It is well here to give a compound calomel and colocynth pill every second night, and to prescribe a mixture of nitro-hydrochloric acid, or phosphoric acid with infusion of cinchona, three times a day, till the tongue cleans. Or at other times the tongue is raw, bare, and denuded of epithelium. Here it is of cardinal importance to put the patient on a mixture of bismuth with an alkali, and a milk dietary. Often milk and seltzer-water will agree where milk alone

is too heavy and too constipating. As long as the tongue is raw it is necessary to fight the case on this line; attending to the night-sweats of course, but not attempting to give hæmatics or oil. Diarrhœa should always be attended to energetically. Of course in the later stages where the intestines are the seat of tuberculous ulceration the diarrhœa is very intractable, requiring the free exhibition of bismuth and opium, and even of ipecacuanha, which seems to be of service in such cases. But in the early stages it will yield to a pill of sulphate of copper half a grain, and extract of opium one grain. (Dr. J. M. Fothergill, p. 76.—4¼ pages.)

Night-Sweats.—If asked the question, "What do you think the most important matter to attend to in the treatment of early phthisis?" my answer would be "To arrest the night-sweats." To arrest night-sweats we must have recourse to some anhidrotic, as oxide of zinc, sulphate of copper, or one of the solanaceæ, as hyoscyamus, and still more, belladonna. Probably hyoscyamus acts in an allied manner. Taken altogether there is no anhidrotic to be compared with belladonna: though in the few cases where it fails the other agents may be tried. But in order to get out the good effects of belladonna it is necessary to give it in sufficient dose. The ordinary dose of sulphate of atropia—for it is much better to use a solution of atropia of known strength than to give the tincture of belladonna, which may, and probably usually does, vary in strength—is in many cases quite insufficient. I use atropia in doses varying from the seventy-fifth (75th) to the fiftieth (50th), and up to the twenty-fifth (25th) of a grain. A considerable proportion of patients are unaffected until the last dose is reached; and even then do not complain of much dryness of throat, or indistinctness of vision (effect upon the pupil as a guide to the administration of belladonna is utterly worthless). With many patients the seventy-fifth of a grain of atropia will arrest the night-sweats, and in a certain number will affect the throat and eyesight; while others require the fiftieth to influence the night-sweats; and again a small proportion are uninfluenced till the twenty-fifth is reached. (Dr. J. M. Fothergill, p. 74.—4¼ pages.)

Affections of the Digestive System.

Acid Dyspepsia.—The effect of bicarbonate of potash, taken after food, on the acidity of the urine, is different from that when it is administered before meals. For when taken on an empty stomach we have seen that the acidity on the day of administration was only slightly depressed, whilst on the day following the acidity was considerably higher than it was the day before the salt was taken. But when it was administered during the process of digestion the acidity of the urine entirely disappeared, being on two occasions neutral, and on one alkaline, whilst on the succeeding days there was no marked increase in the acidity of the urine as compared with that of the days preceding the experiment. And the same difference is observable in the hourly variations of the urine, for when the bicarbonate was taken before meals the effect of the alkali passed off at the end of two hours, and the amount of acid passed in the succeeding three hours was nearly equal to what was passed on the day no medicine was taken; whilst when the salt was taken after meals the urine remained alkaline up to the end of four hours after the dose was taken, and no recovery of acidity was noticeable. The therapeutic indications to be drawn from these observations may be thus summarised: 1. In cases of acid dyspepsia arising from the excessive formation of acid within the system, as in lithæmia, the alkaline bicarbonates should not be administered before food, but after. 2. The administration of alkaline bicarbonates before meals is indicated in those cases where the free acid is formed in the stomach itself, the result of fermentative changes of undigested food or morbid mucus, when it is necessary to diminish the too high degree of acidity thus caused in order to permit digestion to be properly performed. (Dr. C. H. Balfe, p. 242.—2 pages.)

Chronic Diarrhœa.—*Cold Water Injections.*—Dr. Messemer, of the Mount Sinai Hospital, New York, relates three cases of the value of his practice in the treatment of very obstinate chronic diarrhœa, accompanied by much tenesmus. He orders a quart of iced water to be injected (in divided doses of half a pint) after each stool, the exit of the water being assisted after each injection by pressure made on the abdomen by the hand. After the expulsion, a small quantity (about half a teacupful) may be again slowly injected, so as not to excite peristaltic action; and this is enough to keep the walls of the rectum apart and prevent their irritating each other. He does not object to internal treatment being employed at the same time, and he considers proper dieting as of the highest importance. Improvement soon resulted in these cases, although they were examples of bad diarrhœa. (Dr. Messemer, Med. Times and Gazette, Aug. 31, p. 249.)

Diphtheria.—Dr. Bell, of Glasgow, has been very successful in the treatment of diphtheria. The following illustrates his plan of treatment. Two children, aged 10 and 8 years respectively, were both prostrated on the same day. The film was spreading very rapidly over the tonsils, and there was considerable fever. The throat of each patient was freely painted every two hours with the following application: glycerine of carbolic acid, the strong liquor of the perchloride of iron, and sulphurous acid, of each three drachms; and the following mixture was given: chlorate of potash, two drachms; sulphurous acid, two and a half drachms; glycerine, one ounce; and water, to four ounces: two teaspoonfuls to be taken every two hours. In this way, while the patients were awake, an antiseptic was brought into contact with the diseased surfaces every hour. Port wine, soups, and milk were also given freely. The tonsils had only been painted a few times when the film showed signs of ceasing to spread; and within four days all the diphtheritic membrane had disappeared, and saving a considerable amount of prostration, the patients were pretty well. A course of tonic treatment, however, soon removed this debility. (Dr. R. Bell, p. 97.—1¾ pages.)

[We have tried this plan in one case, but the patient, a man about 35 years of age, could not bear the repetition of the application. The throat was well painted over, as directed by Dr. Bell, a few hours after the appearance of the film, which was then rapidly spreading. On the next inspection of the throat, not a trace of the film was to be seen. As the patient objected to the re-application of the liquid, owing to the suffering the first had caused, it was not again used. The medicine was continued and rapid recovery took place. —Eds.]

Fistula in Ano.—During the last five years I have had under my care several cases of fistula in ano. All but the last were subjected to the division of the sphincter ani with the knife, and, although varying considerably in the length of time required to heal the wound, made good and perfect recovery. With the last I adopted a different method. It was a complete fistula, having one opening in the bowel above the sphincter, and another (external) near the anus, whence frequently fæcal matter exuded. Having cleared the bowels thoroughly, and then secured them

against disturbance for two or three days, I introduced to the bottom of the fistula in a hollow tube some pure carbolic acid in a liquid state. The first application seemed to close the internal opening; the second, introduced the same way, required a less deep insertion; the third less still, and so on till the sinus became completely closed. Two months have now elapsed. The patient has had no return of the affection, and declares himself perfectly well. (Dr. W. H. Lambert, Liverpool, Lancet, June 8, p. 854.)

HERNIA.—*Operation for the Radical Cure of Inguinal Hernia.*—The patient lying on his back with the knee slightly bent and raised, is put completely under the influence of chloroform. An incision an inch and a half long is made obliquely across the scrotum about three inches below the external ring. This incision divides the skin and dartos alone. After a few touches of the knife,—the finger-nail, and then the handle of the knife, can be used to separate the skin and dartos from the hernial sac and its denser coverings (which for convenience I shall call the *sac*). This separation is to be made all around the incision to the extent of a five-shilling piece or more, according to the size of the tumour. The point of the forefinger is now to be put through the incision, against the lowest part of the sac, and, by a gentle shaking and pushing motion, is made to invaginate the sac (without the skin), up through the external ring into the inguinal canal as far up as the internal ring. The finger is now lying in the canal in front of the cord. The tip of the forefinger is now shifted underneath the inner pillar of the external oblique aponeurosis, and by a little manipulation can hook forward below that aponeurosis, the lower edge of the internal oblique just where it ends in the conjoined tendon. This can readily be felt as a prominent ridge against the external aponeurosis. While the tip of the finger is retaining the parts in the position above described, the surgeon takes in his other hand a very strong curved needle with an eye-hole near the point, and fixed in a strong handle. An assistant has near at hand about two feet of thick, strong, pliant silver wire bent double, so that the two ends are together, about half an inch of each end being bent into a hook. The curved needle, well oiled, is now entered at the scrotal incision, slipped along the inner edge of the forefinger as far as its tip—that is the edge nearest the umbilicus—and is made to pierce the conjoined tendon, also the internal pillar, so that its point projects below the skin not far from the situation of the internal ring. The skin is now slipped over the subjacent structures as far as it can be drawn towards the umbilicus and the needle point thrust through it. One of the hooked ends of the silver wire is now put through the hole near the needle point, and by a rapid motion the needle and wire are drawn down along the edge of the forefinger and out of the scrotal incision. The needle is again entered as before and passed along the outer edge of the forefinger, and by it guided underneath the outer pillar of the external ring as far up as the former puncture. The needle is now made to pierce the aponeurosis near Poupart's ligament, and its point rests against the skin, raising it up. The skin is pulled downwards and outwards, till the former puncture is opposite the point of the needle, which is then pushed through it. The other hooked end of the wire is put through the needle's eye, and by it pulled down the canal and brought out at the scrotal incision. The next step is to pinch up the sac from off the cord, at the situation of the external ring, with the forefinger and thumb. The unarmed needle is now put in at the scrotal incision and passed through the sac, across the cord, below the edge of the internal pillar through which it is thrust, and made to project at the inner angle of the scrotal incision when it is pulled upwards to be opposite the needle point. The hooked end of the wire which was first drawn down is now put through the needle's eye, and by it drawn out at the point where the needle was inserted. An assistant puts his finger into the loop of wire which remains protruding from the hole in the skin of the groin, which was made by the punctures, and holds it fast, while the operator takes the ends hanging out of the incision in the scrotum and pulling them firmly straightens the wires as they lie in the canal. This stretching, done with some force, draws the two sides of the canal together, so that the external ring is tightened till it grasps the cord. The inclusion of the conjoined tendon, or lower border of the internal oblique, in the grasp of the wire, secures that all the boundaries of the canal are drawn closer. The two ends of the wire in the scrotal incision are twisted firmly together up into the canal, and the loop at the groin is twisted down into the puncture, in each case three turns in the same direction being given to the wires. By this the sides of the canal are still further approximated, and part of the tissue entangled in the twist of the wires. The loop of the wire is now bent down to the skin and the wires with the two free ends bent up and passed through the loop and secured; pressure of the wires on the skin being prevented by a pad of lint. A little oiled lint is placed on the scrotal incision, a pad of lint and compress, retained by a bandage, complete the dressing. (Dr. G. Buchanan, p. 137.—2⅛ pages.)

INTERNAL HÆMORRHOIDS.—*Glycerine.*—Try glycerine, giving it in one drachm and a half doses every three hours. After taking this for twenty-four hours, the patient's pain was much relieved, and after forty-eight hours it was entirely gone. I may say, however, that the cure was not permanent after leaving off the medicine, as he has had several attacks of pain since, but never so severe as before. He keeps some of the glycerine mixture by him, and a few doses always have the desired effect. (Mr. W. H. Jalland, British Medical Journal, June 29, p. 934.)

INTESTINAL OBSTRUCTIONS.—I would submit the following propositions with reference to the tapping of the intestine: 1. That there are cases of obstruction in which tympanitic distension of the abdomen is one of the most urgent symptoms. 2. That whether these be acute or chronic, relief is afforded by tapping with a fine trocar. 3. That if due precaution be taken no evil results, such as peritonitis, sloughing, septicæmia, &c., need be anticipated from the operation. 4. That especially in cases of rapid distension, where accumulation of fæces has not been going on for a lengthened period, good is likely to result from the operation. 5. That permanent relief may follow the operation to such an extent at to entitle it to be considered sometimes a curative means, obstruction being removed and not recurring afterwards. (Mr. W. W. Waggstaffe, p. 100.—2¾ pages.)

LIVER AFFECTIONS.—*Sulphate of Manganese.*—This is most useful in cases of hypochondriasis and hepatic dropsy. Half a drachm is the utmost limit, and, saving in cases of urgency, by no means desirable. From ten grains to a scruple will produce large bilious evacuations. Ten grains will rarely be attended with nausea, and is sufficient for ordinary purposes. I have known it often to relieve hæmorrhoids, and those congestions of the

fauces and bronchia so common in our daily practice; in fact, wherever we can trace these congestions to a defect in the portal circulation, the manganese is a good substitute for calomel, as it produces no more irritation to the intestinal or anal glands than is caused by a flow of bile, and it is attended with neither griping nor depression. Five-grain doses may be repeated as an alterative instead of blue pill or grey powder, and it is remarkable that many anæmic patients who cannot take any of the preparations of iron can do so if combined with a few grains, say from two to five, of sulphate of manganese. I find the best way to administer it is to dissolve ten grains in a tumbler of water, and then add some citrate of magnesia or potassa to the solution, and drink it in a state of effervescence. The taste is not unlike that of Epsom salts, but not quite so bitter, and is scarcely perceptible when taken in a tumbler of effervescing mixture. (Dr. R. H. Goolden, p. 240.—1¼ pages.)

PARACENTESIS ABDOMINIS AND THORACIS.—*Drainage by Capillary Tubes.*—Just in the same way that an anasarcous limb may be drained of fluid by means of a fine Southey's cannula and capillary india-rubber tube, so ascites may be treated. The trocar and bulb-headed cannula required for the purpose of gradually drawing off ascitic fluid, by the help of a capillary tube, differs very little from that employed by me for anasarcous limbs. Both instruments are equally fine. The calibre is the No. 1 exploring trocar of the surgeon. One long needle-trocar, measuring an inch and three-quarters in length from hilt to point, has appeared long enough for all the cases hitherto tapped by me. Three or four cannulas of different lengths, adapted to the thickness from fat and œdema of different abdominal walls, are required. The cannulas may be perforated with as many as six or eight side holes—the more the better, so that their strength is not interfered with. The mouth end of each cannula should be armed with a small silver plate or shield, to obviate any risk of the cannula head sinking beneath the surface of the skin when this is highly œdematous. Trivial as this is, it appears to me from experience that there is a right and a wrong way of introducing the cannula. Instead of driving the trocar in quite perpendicularly, it is best to slope the point downwards somewhat towards the pubes, and to avoid making the cannula point upwards towards the sternum. The wound made is so slight that one can afford to make it almost anywhere, but from prejudice I should select the raphe or mesial line below the umbilicus, and about midway between this and the pubes. (Dr. R. Southey, p. 142.—2 pages.)

Dr. Goodhart relates four cases of paracentesis by means of Southey's capillary tubes. This method of performing paracentesis abdominis will be sufficiently clear from a perusal of the cases. Dr. Southey's proposal for the treatment of anasarca is borrowed and applied to the treatment of fluid in the abdominal cavity—that is to say, a cannula of very fine bore is passed into the peritoneum, and, by means of a long drainage-tube attached to it, the fluid is slowly drained away. In the first instance the tubes made for the purpose of draining the subcutaneous cellular tissue were used, and they answered very well, in that particular case; but, doubting whether they would in all cases be long enough, Mr. Hawksley made me some of additional length, one inch and a half,—but in all other respects after Dr. Southey's pattern. These have been in use since. The tubes have been retained in the abdomen for varying periods, but generally for about twenty-four hours, and it will not often be necessary to continue the drainage for a longer time than that. Should it be otherwise it would probably be better to withdraw the tube and insert another at some other spot. Besides these cases of ascites, I have treated in a similar way a suppurating hydatid cyst in the lower part of the abdomen, and an empyema. Both drained for a few hours very well and the empyema was probably thoroughly drained; the hydatid cyst, however, ceased to run, and other measures became necessary. It is not to be expected that purulent fluids can often be treated advantageously by drainage through very minute tubes, and particularly in the chest, where the pus is liable to be thick. Still cases do occur in which such a plan is applicable, and there can be no harm in testing this as a preliminary measure. In pleuritic effusions of serous character slow drainage of this kind has, I think, several points in its favour, as compared with aspiration; and in peritoneal effusions, in which we can calculate with considerable confidence upon the limpid nature of the fluid, the advantages of paracentesis performed in this way was sufficiently obvious to make it a wonder that it is not more usually adopted. (Dr. J. F. Goodhart, p. 141.—2⅓ pages.)

RECTAL FISTULÆ.—*Immediate Ligation.*—Some time since I adopted a method at the Hospital for Women, for the treatment of rectal fistulæ which, so far as I can ascertain, is new. It consisted in passing a strong and well-waxed silk ligature along the track of the fistula into the bowel. An ordinary surgical probe, with an eye at its end, carried this thread into the rectum. My bivalve expanding speculum was previously introduced, and by its use there was no difficulty in seeing and seizing the ligature and bringing it out through the anus. The probe was then withdrawn, and the ends of the silk were wound round two strong pieces of wood, which were held between the fingers of each hand. An assistant passed a finger on either side of the track of the fistula, to steady the tissues, and to resist the traction which was put on the silk thread. The two pieces of wood were then drawn towards me with a rapid sawing motion, and the fistula was quickly divided with the loss of scarcely any blood. Some oiled lint and a pad and bandage were applied in the usual way, and the wound healed well. No anæsthetic was administered, and although the patient did not relish the operation, still it was quite bearable, and what she felt most was a burning sensation, due doubtless to the friction of the silk. Since then I have rapidly divided a fistula which ran rather high up, by passing a strong piece of waxed twine, and tying the tissue till it was divided. This is somewhat easily effected by drawing on the ends of the twine until the parts included in the knot have given way. The vessels are crushed before they are torn through, and no blood, or the merest drop is lost. (Mr. H. A. Reeves, p. 139.—2 pages.)

Affections of the Urinary System.

DIABETES.—*Origin of the Sugar of Diabetes.*—The liver is essentially a sugar-assimilating instead of a sugar-forming organ; and when its assimilative action is properly exerted, so little sugar is allowed to pass into the general circulation that the quantity existing in arterial blood is insufficient for rendering the urine more appreciably saccharine than is observed in the healthy state; but when its assimilative action is not properly exerted, sugar is allowed to pass, and in proportion as it does so the urine acquires a more or less marked saccharine character. We know that in a large number of animals the food is of such a

nature as to supply sugar in notable quantity for absorption from the alimentary canal. A portion of this may reach the thoracic duct through the absorbents, and thence be conveyed to the general circulation, accounting in part for what sugar is there encountered. The main channel, however, for the passage of sugar from the alimentary canal appears to be the blood-vessels, and transmission into them is permitted by the property of diffusibility which this agent possesses. Absorbed into the portal system, it is conveyed to the liver, where it becomes, if not entirely, certainly almost entirely, checked in its onward progress, and prevented from entering the general circulation. (Dr. F. W. Pavy, p. 105.—4⅛ pages.)

PARALYSIS OF THE BLADDER.—*Hypodermic Injection of Ergot.*—M. Suton, in a paper read before the Societe Medicale de Reims, advocates the use of a tincture of ergot for hypodermic administration. There is, says M. Suton, no occasion to show that ergot acts chiefly upon the organic muscular fibre of the abdominal viscera—the uterus, bladder, rectum, &c. We wish to show the special application of that drug to the treatment of retention of urine of a functional or paralytic nature. The efficacy of ergot in such cases was strikingly shown by an observation recorded in Le Mouvement Medical, for while that drug was being administered in a bad case of typhoid fever, with the view of arresting an intestinal hemorrhage, accompanied with distressing meteorism, the bladder, which was paralysed and very much distended, was, at the same time, freely emptied. It is not in one case merely, but in several cases, that this treatment has been successful, the urine being generally passed about half-an-hour after the injection. It is particularly serviceable in retention of urine of a simple paralytic nature, and especially in cases of adynamia, coma, profound prostration, &c. (M. Suton, Med. Press and Circular, May 29, p. 453.)

STONE IN THE BLADDER.—*The Microphone as an aid to detecting.*—As soon as I heard of the microphone, which may be described as an instrument capable of greatly magnifying the smallest note, it naturally occurred to me that it would afford an opportunity of producing easily-attainable and unmistakable evidence of the presence of a foreign body of very minute size in the bladder. I went to the well-known inventor, Prof. Hughes, with this idea, and he at once most courteously provided me with a form of microphone which he believed suitable to the purpose, and explained the arrangements necessary. These consist in the production of a galvanic current, commencing in this instance with three cells of a Leclanche battery, and passing by means of a very small flexible insulated wire through a telephone, then through the microphone attached to the handle of the sound to be employed, and lastly back to the opposite pole of the battery to complete the circuit. When I say that this particular microphone which I employed is sensitive enough to make audible the march of a housefly over a piece of net, it will be understood that the smallest piece of stone, if struck, will certainly reveal its presence by a note. By the use of the microphone you can make absolutely, logically certain the existence of small fragments in the bladder, for the detection of which you have hitherto depended upon your unassisted ear and hand. I want particularly to say that the unassisted ear and hand will suffice for almost all cases. There may be one in twenty cases in which it may be necessary or desirable to use this instrument. It is something like the case of the endoscope in regard to the urethra. When it was first introduced, a good deal was said about its being applicable to all disorders of the urethra and the bladder; but it was found in practice that, however well it looked upon paper, there was only a case here and there that might be benefited by its use. (Sir. H. Thompson, p. 146, and Lancet, June 1878.—2⅛ pages.)

STRICTURE OF THE URETHRA.—The old practice of dilating a stricture by simple catheterism is the most useful, the most simple, and the most sure of all the plans that can be adopted. I may say, judging from the experience of many years past, both in hospital and private practice, that I have scarcely ever seen the necessity of having recourse to such measures as external or internal urethrotomy. The latter operation I have never performed. The several advocates of these various operations may perhaps reply that the experience of any one man is limited. Yet surely the practice of a large hospital should offer an opportunity, now and then at any rate, of performing some cutting operation. All I can say is that I have only once performed section through the stricture, or, as it is called, external urethrotomy, during the last seven years, and then I regretted it afterwards. The plan of treatment I adopt is as follows:—A patient applies for retention of urine and no catheter can be passed. He is placed in a warm bath, and a good dose of opium is given. In many instances no other measures are necessary. And if this holds good for the relief of retention of urine, which, although dependent in part upon paralysis of the muscular coat of the bladder, is certainly in part also, in most cases, dependent upon a stricture, it might be expected that the same treatment would relieve the stricture itself, and this is really the case. Therefore, *in all cases*, if upon admission no catheter can be passed by the most moderate manipulation, the treatment above named is continued, coupled with a reduction of diet and a complete absence of stimulants. No further instrumental interference is attempted for some four or five days, and at the end of that time it is rare to find any stricture resisting the passage of a small-sized gum elastic catheter. I scarcely ever use any other form. Should I even then be unable to pass an instrument, still I wait; the same treatment is continued, and a smaller catheter is afterwards employed. Sooner or later this is successful, and when once the catheter is introduced into the bladder it is tied in and urine allowed to run away through it, or, as very often happens, by its side. Notwithstanding all that has been said and written and done in favour of other methods, this is the one which hardly ever fails, but its successful application requires not only skill but patience and practice. Any rough usage to the canal will destroy the chances of success, and it will be no waste of time on the part of the surgeon if half an hour or an hour even be occupied in the most gentle manipulation, if at the end of that time a catheter is passed. Once in the bladder the battle is over, and the successful issue of the case is in the surgeon's hands. (Mr. J. Cooper Forster, p. 150.—4⅛ pages.)

The urethra, even though absolutely impervious to the passage of the catheter from a combination of causes—viz., the stricture growth engorged with mucus and blood, and rendered painful by futile catheterism, and certainly spasm, is not absolutely impassable. The tightest part of stricture is that in front. The unconditional use of a catheter would, in such a state of the parts, certainly intensify the difficulty by calling into play a new source of resistance, in the form of normal muscular antagonism, to its passage—a force that is ever on the alert to oppose the enforced passage of a foreign body through the urethra into the bladder. This automatic force can be brought under complete control by an act of volition, and not only

so, but be made to impart to the strictured canal the greatest amount of patency and passivity of which it is capable. The means to this end consist in making the patient bring the sphincters or detrusors of the bladder and urethra into a state of absolute rest by voluntarily, but gradually, calling into powerful action their antagonists, the expulsors or accelerators, and using the catheter whilst the force thus elicited is kept in a state of strain. This mode of palsying the detrusors has another advantage which anæsthesia does not possess, since it assists the surgeon by employing the urine as a dilator, and thus reduces the resistance of the stricture slit. (Mr. J. Gay, p. 241.—1⅛ pages.)

Affections of the Bones, Joints, &c.

ACTUAL CAUTERY IN SURGERY.—All objections to the use of the actual cautery vanish so soon as it can be said that it can be used without giving pain. For the last twenty-five years I have been in the habit of sealing bleeding vessels with the cautery, and have of late used it occasionally in operations of all kinds. The actual cautery has the great advantage of closing the veins as well as the arteries, and thus removes one of the gravest sources of anxiety to the surgeon, inasmuch as the great danger in surgical operations arises from the absorption of septic agents through unclosed veins. The ligature of a vein, as is well known, is not unattended with risk, for the obvious reason that during the time that the ligature is separating a certain amount of suppuration necessarily takes place, and the products of that action may give rise to septic absorption. The actual cautery, therefore, possesses a great advantage over the ligature, as far as the veins are concerned. The danger of blood infection, though in a much less degree, obtains when an artery is tied. In a vein the current of blood is towards the centre of the circulation, and in an artery from it. When mischief arises from the cause mentioned, after an injury to an artery, the effects are usually seen in the peripheral circulation. When venous absorption takes place, the results are generally manifested in the central organs. I have now used the actual cautery in a great variety of operations, and during the last twenty-five years in a large number of cases of hemorrhoidal tumours, but as yet have had no case of purulent absorption following its use. Another, though minor, advantage of the cautery is that it can be applied much more quickly than the ligature; and this is by no means unimportant when many vessels have to be dealt with. Practically, it is difficult not to use the cautery too hot, as if it kill the parts to which it is applied the desired result is not produced. A good test as to the cautery being at the required heat may be obtained by dabbing the iron on a moderately wet sponge until only a little steam is generated. (Mr. Henry Lee, p. 245.—2¼ pages.)

AMPUTATION OF THE THIGH.—*Stokes's Supracondyloid Method.*—The supra-condyloid amputation by the method of Stokes has not received sufficient attention in England. It is often confused with that amputation which goes by the name of Gritti. Between the two there is this all-important difference; in Gritti's the section of the femur is made through the condyles, in Stokes's at least half an inch above them, in other words the one operation is trans- the other supra-condyloid. The difference is very important, because in Gritti's operation the patella is either drawn up altogether on to the front of the femur, or projects forward like the half-open lid of a box, and requires considerable pressure to make it assume a flat position against the divided surface of femur. Stokes's operation, besides this, enables the patient to bear his weight better upon the stump; there is less risk of shock during the operation; and only one large artery requires ligation. In Stokes's operation, as in Gritti's, the medullary canal is not opened. (Mr. W. H. A. Jacobson, p. 109.—2¼ pages.)

ANTISEPTIC DRESSINGS.—*Thymol as a substitute for Carbolic Acid.*—The employment of thymol as a substitute for carbolic acid in surgical dressings is a natural consequence of the discovery of its greater antiseptic and less septic power. A lecture on the subject has been published in Volkmann's series by H. Ranke, of Halle. The solution used instead of the 3 per cent. solution of carbolic acid consists of one part thymol, ten parts of alcohol, twenty of glycerine, and a thousand of water, and can be employed as either a spray or a solution. An impregnated gauze is also used. Since thymol does not irritate the wounds, the gauze may be laid directly upon it; otherwise the same method is employed as in Lister's plan. If the gauze becomes hard and dry it may be moistened once or twice a day with thymol water. In order to prevent the evaporation of the thymol from the dressing, the gauze is covered with oiled paper. From an experience of forty-one wounds dressed with thymol the lecturer concluded that the method leaves nothing to be desired as to its antiseptic effect, and that it answers better than the carbolic acid dressing, since the secretion from the wounds is less, the period of healing shorter, and the cost of the dressings is smaller. Further, it has no poisonous properties, and eczema was never observed in its use. (H. Ranke, Lancet, June 22, p. 916.)

DISLOCATION OF THE HIP.—As preliminary to reduction, the patient should be etherised to relaxation, and, in order to give the surgeon control of the limb, laid on the floor. It is well to remember that the head of the femur always faces the same way as the internal condyle. If there is any single and best rule for reducing a recent dislocation of the hip, it is to get the head of the femur directly below the socket by flexing the thigh at about a right angle, and then to lift or jerk it forcibly up into its place. This rule applies to all dislocations except the pubic, and even to that when secondary from below the socket. If, after one or two trials, it should appear that the hip cannot be jerked into place, let the rent in the capsule be enlarged a little by moving the flexed thigh, not up and down, but from one side to the other, so as to sweep the head of the femur across below the socket. No danger need be apprehended from this expedient of circumduction. The added injury is a very slight one. So long as air is not admitted to the wounded parts the lesion is no more serious than often occurs in a simple fracture of the thigh. The following are rules for reduction in the *dorsal* dislocation. 1. *Flex and forcibly lift.* If this fails,—2. *Flex and lift while abducting.* If this fails, it will be found that abduction has carried the head of the bone from the dorsum nearly or quite to the thyroid foramen, and that the capsular rent has been so enlarged that the first method may now prove successful. Lifting the femur abducts it if it raises the pelvis on the lifted side. In *thyroid* dislocation, *abduction* of the flexed thigh reverses this movement and carries the head from the thyroid foramen to the dorsum, also enlarging the opening and making the first rule effective. The *pubic* dislocations may be generally brought down, after flexion, without difficulty from above the socket. If they are secondary, the head of the bone will fall after flexion, to its previous po-

sition below the socket, and may be reduced from there like the thyroid. (Dr. H. J. Bigelow, p. 121.—6 pages.)

Nothing can be more simple than the reduction of secondary dislocations from below the socket. If dorsal, and the flexed thigh has fallen to a horizontal position by a spiral movement downward and inward, reverse the movement and reduce the limb by a spiral upward and outward. But the spirals of reduction practically amount to mere flexion; therefore, in either case, flex the limb and jerk it upward; and in the thyroid luxations it is well to aid the process by outward traction with a towel or by a fulcrum in the groin. Finally, if the capsule offer resistance, sweep the flexed femur from side to side to separate its fibres and get the head below the socket before jerking the bone up into place. (Dr. H. J. Bigelow, p. 122.—6 pages.)

DRAINAGE BY CATGUT.—I beg to recommend as worthy of the notice of the profession the principle of drainage by utilising capillary forces through skeins of an absorbable material like catgut, if by its use the evils of the drainage-tube, already referred to, are got rid of. We may now anticipate a time when, with catgut stitches instead of silk, horsehair, or silver wire, catgut drains instead of india-rubber tubing, and chromic-acid gut fixing together the buttons instead of silver wire, it will not be necessary to uncover our wounds from first to last during healing, when the deep dressing need never be shifted, and when the outer dressing will only require to be removed when soaked with discharge. The amount of discharge, in its turn, will be reduced to a minimum by the use of an absorbable animal material like catgut, instead of a non-absorbable foreign body like silk, silver wire, or india-rubber. Chromic-acid catgut sutures are of great value in a very large class of cases, and may be regarded as perfectly reliable substitutes for silk or wire, as, with the single exception of absorbability, they will be found to meet all the requirements of this mode of keeping cut parts in apposition. For chromic-acid catgut possesses the advantage of a maximum degree of strength combined with a minimum of size, and it is absolutely non-irritating. The mode of preparation I have hitherto found most reliable is this: I take a few yards of thin, common, unprepared dry catgut, and place it in a wide mouthed phial containing glycerine and carbolic acid (one part of acid to seven of glycerine), and, after steeping for a week or longer, the catgut is transferred to a vessel containing chromic acid, acetic acid, and water (one per cent. of chromic, and twenty-five per cent. of acetic acid). At the end of seven hours the catgut is taken out and dried. During the drying process it is prevented from curling up, or getting rough and uneven, by using tension, the gut being stretched by winding it round two nails driven into a piece of wood, a foot or two distant from each other. In the course of a few hours it will be found ready for use. Catgut, thus prepared, is a brownish-black, perfectly smooth material, possessing great strength, yet not much thicker than what is sold in bottles as "fine" antiseptic catgut ligature. (Mr. Chiene, Dr. O. Will, p. 134.—3¼ pages.)

DUPUYTREN'S FINGER CONTRACTION.—The operation and treatment of this form of finger contraction by the subcutaneous division of the palmar fascia and immediate extension, which I have found successful in practice, may be described as follows:—1. The subcutaneous division of all the contracted bands of fascia which can be felt; the bands to be divided by several punctures, with the smallest tenotomy-knife passed under the skin and cutting from above downwards: a pledget of lint being at once placed over each puncture and retained in position by a strip of plaster. 2. Immediate extension to the full extent for the complete straightening of the fingers, where this is possible, and the application of a retentive well-padded metal splint from the wrist along the palm of the hand and the fingers; the fingers and hand to be bandaged to the splint. 3. The bandage not to be removed until the fourth day, when the lint and plaster may also be taken off, as the cutaneous punctures are always found to be healed by the fourth day. The retentive metal splint to be reapplied, and the hand and fingers bandaged to it. 4. Extension to be kept up by the splint worn continuously night and day for two or three weeks; but the splint and bandage to be changed every two or three days. After this, the extension splint is to be worn at night only, for an additional three or four weeks, free motion being encouraged during the day. (Mr. W. Adams, p, 130.—5 pages.)

FRACTURE, UNUNITED.—In a most obstinate case Dr. Patterson inserted a piece of dog's bone. He says "on the 14th of September the patient was taken into the theatre and placed under the influence of chloroform, while at the same time a retriever dog was being anæsthetised. I made an incision along the ulnar side of the arm, cutting down upon the ends of the fractured bone, and removing the fibrous band which alone formed the bond of union; the rounded points were removed by the saw, and a hole drilled obliquely through each squared end. The same process was repeated on the radial side, when it was found that an interspace of about three-quarters of an inch existed between the two fragments of the radius. In the meantime, Mr. Andrews, one of the senior students, and a very clever manipulator, had exposed the humerus of the quadruped, completely denuded of every tissue except the periosteum. The length of bone was accurately measured (three-quarters of an inch), while from half an inch beyond the end of the necessary length the periosteal covering was rapidly but carefully dissected, the bone sawn through, a hole drilled in either end obliquely, as in the radius and ulna, and at once placed between the ends of the radius, where it fitted accurately. Wires having been passed through the holes, the bones were firmly tied together, the loose half-inch margin of the periosteum of the foreign bone being carefully spread over the periosteum of the radius. The wound was stitched with silver wire, the bone sutures coming out at each end of the incision. Wires were passed through the ulna, tied together, and the wound treated in a similar manner. The entire operation was conducted under the carbolic acid spray. The arm was put up in gauze, and held in two rectangular splints. On Nov. 3rd, the ulna was found to be firmly united; but on the radial side small pouting granulations appeared, as if a foreign body were present, which, however, could not be detected by the probe. On Nov. 28, the patient was put under chloroform, and the wires removed." (Dr. A. Patterson, p. 113.—2 pages.)

FRACTURES OF THE LEG.—*Plaster-of-Paris Splints.*—For more than two years I have been using at this hospital plaster-of-paris splints for all simple and for most compound fractures of the lower extremity. The apparatus consists of first, inside and outside splints made of common house-flannel and plaster-of-paris; and, secondly, of muslin bandages. The splints for fractures below the knee are shaped somewhat like the old short outside splint. The foot-piece is, however, wider.

The splint for the inside of the leg is similar in length and width to that for the outside. The splints should be long enough to extend from the tubercle of the tibia to the middle of the metatarsus, and together they should be in width about one inch less than the circumference of the limb at the corresponding part. A rough guide to the shape of the splint may be found in the injured person's stocking when it is laid flat on a table. Each splint is constructed of two layers of the flannel. The outer layer carries the gypsum. The inner layer forms a dry, warm, elastic lining, and protects the skin. These splints are applied by means of the muslin bandages. The bandage is put on like any other, from the toes to the knee. One thickness is enough. Two bandages of five or six yards in length are more convenient than one of ten or twelve yards. *To make the splints.*—1. A piece of house-flannel or an old thin shrunk blanket, or any suitable substitute is selected. The pieces may be shaped by measurement, taking the circumference of the limb below the knee, at the biggest part of the calf, just above the ankle-joint, from the front of the ankle-joint round the heel to the front again, and at the middle of the metatarsus. The flannel of each splint should be in width half an inch less than half the circumference at any of those points. The width of the two splints should be one inch less than the circumference of the limb at any corresponding part. It should be long enough to extend from the tubercle of the tibia to the middle of the metatarsus. Four pieces are required—two for each splint. 2. Two bandages of common muslin are prepared, each five to six yards long and two inches and a half in width. 3. About a handful of good dry plaster is mixed with water to the consistence of thick cream. 4. The inside pieces of flannel may be laid on the table or bed, the outer surface being upwards. 5. The outside pieces are to be soaked in the plaster separately, and laid out on their respective inside pieces. *Application.*—Whilst traction is kept up, and the ends of the broken bones are maintained in apposition, the splints are to be applied and smoothed; then the bandage is to be put on. Traction is to be maintained during the hardening of the plaster. The latter takes place in about three minutes. (Mr. J. Croft, p. 117.—2½ pages.)

Paraffin Splints.—Paraffin, as a material for the formation of splints, possesses the following advantages:—1. It is always ready for use, and may be kept for any length of time without spoiling or undergoing change, unless it is exposed to heat. 2. It is easy of application, requiring no special training or dexterity, and it may be ready for the surgeon about fifteen minutes after he has ordered it. 3. It sets readily, and yet not too soon. Starch and glue take a much longer time to harden, glass longer still, while plaster-of-paris sets too quickly for many purposes. 4. Before it sets it may be cut with a pair of scissors and afterwards with a sharp knife. 5. It may be made into a splint quite impervious to discharge or moisture of any kind. 6. It is light, easy, and comfortable to the patient. 7. It may be formed into a semi-elastic bandage, or a firm solid splint. 8. It may be used many times. After one splint is finished the paraffin can be remelted and reapplied. (Dr. W. Macewen, p. 116.—2½ pages.)

Stiff Fingers.—*Resection of the Phalangeal Joint.*—A stiff finger to a labouring man, especially when engaged in certain occupations, often means inability to earn his livelihood. Resection of the finger-joint is as applicable and as useful in proportion as resection of the knee-joint, and yet how often does one see what might be made a good and useful finger amputated for disease of one of the phalangeal joints, simply, I think, because attention has not been called to the preferable way of treating them by excision, and it does not occur to those who amputate. It may be considered a very trivial matter, but every detail in surgery has its importance, and cannot afford to be neglected; and to those whose fingers are the means of their livelihood the question of amputation or excision is to them often a matter of pounds, shillings, and pence. (Mr. E. Prideaux, p. 111.—1 page.)

Wound of the Superficial Palmar Arch.—In a case of wound of the superficial palmar arch, I bound the hand to a dorsal splint, after plugging the wound. He soon returned to me bleeding as profusely as before. I then determined on acupressure, and taking a stout harelippin, passed it through the tissues about half an inch from the edge of the cut, under the artery, and out again to a corresponding distance the other side of the wound, and placed the limb again on the splint. This had the effect of entirely stopping the bleeding; the needle was removed on the fourth day, and the entire wound had closed by the end of the week. Mr. E. Bellamy, p. 135.—¼ page.)

Affections of the Skin, &c.

Acne.—If at the onset of the affection the sebaceous glands and follicles become affected and overloaded, they should be relieved by pressure between the finger and thumb-nail or a large watch-key, and by frequent washings with warm water and oatmeal, after which a good rubbing with a flesh-brush will remove the contents of a number of the pimples. If the disease is more advanced, and the indurated spots become enlarged and painful, the vapour douche is then of much service, followed by an ointment of the ammonio-chloride of mercury (thirty grains to the ounce, and camphor one ounce), or the gentle application of iodide-of-sulphur ointment at night, and the use of a cooling zinc or calamine lotion and glycerine (of the former about two drachms of each to the ounce), to be painted over the part affected two or three times a day. With the judicious use of the above remedies and applications we may probably remove and cure the disease; but troublesome redness, with often great vascularity of surface, still remain in spite of all treatment, and it is to this stage of the affection these remarks tend. To these small indurations and superficial venous enlargements of texture I apply the strong acid nitrate of mercury with care by means of a spun-glass brush. One or two applications, with the immediate use of blotting paper, will usually suffice to effect complete obliteration of the veins without a scar, and I find after a few days the morbid state of the capillaries has undergone a complete change for the better. Nevertheless, we may still have some of the larger capillaries, which keep up the localised redness and induration, to contend against; then the mercurial acid treatment does not hold good. I therefore divide each engorged superficial and conspicuous vessel with the point of a lancet, and, should the hemorrhage be much, I apply a small ring of silver or steel, about the eighth of an inch in diameter, which I have fixed into a handle at right angles, over the divided ends of the vessel. I then insert a minute grain of nitrate of silver upon the end of a probe, which at once stops the bleeding, and soon obliterates the engorged vein, leaving only a small, black, discoloured spot, which may easily be removed by the application

of a solution of idiode of potassium. (Mr. J. Startin, p. 166.—1 page.)

CAUSTICS.—*The Ethylates of Sodium and Potassium.*—The change of ethylic alcohol into sodium alcohol transforms it from an irritant to a caustic. Laid on dry parts of the body the sodium alcohol is comparatively inert, creating no more change than the redness and tingling caused by common alcohol; but so soon as the part to which the substance is applied gives up a little water, the transformation I have described above occurs; caustic soda is produced in contact with the skin as water is eliminated by the skin, and there proceeds a gradual destruction of tissue, which may be so moderated as hardly to be perceptible, or may be so intensified as to act almost like a cutting instrument. I do not as yet see the means of applying readily these two active alcohols for internal administration, but I can predict for them a very extensive application for external purposes. They are most potent caustics. In some cases they may be employed to destroy rapidly such morbid growths as are not favourable for excision by the knife. In many cases of cancer they will prove invaluable, and will, I believe, exert a direct local curative influence. Injected into morbid growths, they would so quickly destroy them that the action might have to be conducted while the body was under the influence of an anæsthetic. In being applied direct to the sensitive unbroken skin, I find that their destructive action is less painful than would be expected. I have made with both compounds a superficial eschar on my arm with no more pain than a slight tingling warmth. What is more, when pain is felt, it may be checked quickly by dropping upon the part a drop of chloroform, which decomposes the alcohol, converting it into a chloride salt, and an ether —triethylic—which is inert locally. Again, I find that these alcohols dissolve some of the vegetable alkaloids. Thus opium may be dissolved in them, and a solution of opium in caustic alcohol is made directly by mere addition of the narcotic to the caustic spirit. Practical men will see the advantages of combinations of these alcohols with narcotics. The practice opens the way to one of the greatest needs of medicine—a sure, rapid, and painless caustic. The caustic alcohols may be used in combination with local anæsthesia from cold. A part rendered quite dead to pain, by freezing with ether spray, could be directly destroyed by the action of caustic alcohol—a practice very important in the treatment of poisoned wounds, such as the wound from the bite of a snake or a rabid dog. It is by no means improbable that some cystic tumours may be cured by the simple subcutaneous injection of a little of these fluids after destruction of sensibility by cold. (Dr. Benj. W. Richardson, p. 246.—2½ pages.)

LEPROSY.—*Chaulmugra Oil and Tincture of Psoralea.*—In the treatment of six cases of leprosy the two drugs employed were the chaulmugra oil and seeds, and a preparation of the seeds of psoralea corylifolia. The chaulmugra oil usually found in the bazaars being very impure, supplies of the purest oil were obtained from Calcutta. A tincture of psoralea was prepared by macerating ten drachms of the seeds in a pint of rectified spirit, and a liniment by adding a drachm of the tincture to an ounce of chaulmugra oil. The doses varied in different cases from five to twenty drops three times a day. The oil should be given at the outset in small doses and gradually increased, as otherwise it is apt to cause nausea. The good results were seen earlier in those cases in which the powdered seeds were given instead of the oil. A liberal milk diet seemed to be a valuable auxiliary. The psoralea given internally, in combination with the oil, appeared to be of no value, but when applied externally in the form of a liniment was of undoubted service, especially in stimulating the hair bulbs. (Dr. David Young, Florence, p. 249.—2 pages.)

PSORIASIS.—Dr. Squire recommends that chrysophanic acid in the treatment of psoriasis should be used in the form of ointment, for which the following formula gives such a full strength preparation as I have accustomed myself to employ; ℞. Chrysophanic acid ʒ ij., lard ʒ j. Digest the acid in the lard at the temperature of boiling water for half an hour, stirring constantly. When "set," mix with pestle and mortar. This strength of ointment will be found generally suitable, but it may, of course, be varied, and reduced in strength to suit cases where the skin is extremely sensitive. To prevent disagreeable results from over-action of the remedy, as well as to ensure that it is not employed in a careless or half-hearted manner, I recommend that personal attention of the medical man should be given during the first week of treatment, and that the case should be seen from time to time while the treatment is continued. The details, if carefully supervised in the early stage, will ensure a progress within a few days that otherwise will not be made in several weeks. These details together with the accidents of treatment and the *modus operandi*, of the remedy, will be best understood by portraying a typical case. The patches of psoriasis are first rubbed well with a piece of stout blotting-paper or common rag, moistened with benzole, the object of which is to absolve and remove that natural greasiness of the skin which, like a film, opposes the ready penetration of the skin by the specific. I believe that benzole—a tar product—has also some specific action, and is therefore otherwise a useful adjunct. This preliminary application of benzole facilitates the next application, viz., hot water freely used with soap, the object being that of softening the layers and fragments of epidermic scales. The removal of the scales is a matter of prime importance, and must be effected whether by scraping with a blunt knife, or by scratching and picking with the finger-nails. It is only when the film of epidermic scales are removed that the skin proper can be fairly attacked, and I have not been deterred by the starting of a little blood from pushing to an extreme degree this scraping and scratching operation. The ointment is now rubbed in very perseveringly for several minutes at a time with the tips of the fingers. As the ointment is a dye, and will stain for some days the fingers and nails, I occasionally prevent that disagreeable accident by recommending the use of india-rubber finger-stools such as are frequently employed by photographers. These three stages of local treatment, viz., the wiping with benzole to remove grease, the thorough soaking of thickened patches of skin with hot fomentations, washing with soap, diligent scraping away of epidermic *debris*, and the patient rubbing in of the ointment, may be employed three times a day if the patient can command the necessary time and facilities. There is no question that the more frequent the application the more rapidly does the disease come under the action of the curative agent. But under ordinary circumstances a morning and evening application seem to give a sufficiently satisfactory result. Dr. Adams has tried a watery paste of alizarin with apparent success, the alizarin made up in the strength of ʒ ij. to the ounce of lard, and used precisely under the same conditions as the chrysophanic-acid ointment. There is an analogy in the properties of alizarin and chrysophanic acid. So far they seem to be therapeutically isomeric, and my mind has been all the more inclined

to admit the resemblance, because I have ascertained that they are chemically isomeric. I anticipate as possible and probable that alizarin may either prove a cheap substitute for chrysophanic acid, or that it may form a basis or a link in the artificial production of chrysophanic acid at a cheap cost. Dr. J. Adams, p. 159.—6½ pages.)

RODENT ULCER.—Dr. Squire treats these cases by scraping or cutting out the diseased portion by means of a sharp spoon. He says, I operated (chilling the skin first by the ether spray) by means of one of my own sharp spoons, carefully scraping away all the friable tissue, including the raised beaded margin. The process was effected without pain, and even without sensation of any kind except the sensation of cold occasioned by the ether spray. No blood, not even a drop, was lost. Fourteen days after the operation the wound was completely healed, and the patient consequently cured. Up to the present time no re-appearance of the disease has yet occurred. The floor of the rodent ulcer is extremely friable and rotten in texture, and so equally is the thin, and to the touch seemingly hard, margin of the ulcer. The friable texture comes away like soft putty under the touch of the spoon, while the tough subcutaneous fibrous tissue, as well as the equally fibrous tissue of the surrounding sound skin, is quite impervious to the touch of the spoon. In this way, by exercising only moderately firm pressure with the spoon, the sense of touch greatly supplements the eye in differentiating the diseased from the sound structure. (Dr. B. Squire, p. 251.—3 pages.)

SMALL-POX. — *Carbolic Acid Ointment.*—The exact proportion of ingredients in the ointment used for small-pox patients is as follows:—Carbolic acid, twenty minims to half a drachm; glycerine, a drachm and a half; oxide of zinc ointment, six drachms. This was freely painted over the face and hands every day, or every other day, with a large camel-hair brush. On the patient convalescing, the dried ointment and scabs came off like a plaster of mould from the face. The skin was tender and marked with red spots, which gradually died away; but there was no pitting. At Edinburgh about fifteen years ago several kinds of preparations were used to prevent pitting. Collodion, solution of caoutchouc, zinc ointment, &c., were thus employed. Owing to their drying and cracking, they all required to be repeatedly applied, so that the atmosphere, or, as we have since learned, the germs in the atmosphere, were prevented from coming in contact with the pustules. In the words of Professor Tyndall, the pustules were thereby "prevented from becoming a nidus for the propagation of septic bacteria." Collodion and the like act mechanically, whereas carbolic acid acts as a direct antiseptic; and the glycerine and ointment, besides being a convenient vehicle for the acid, mechanically prevent the passage of air-germs. The ointment is useful for many other purposes, which will suggest themselves to the mind of the practitioner. For instance, when the pustules of vaccinia take on an erysipelatous action, the free application of the ointment soon reduces the inflammation. (Mr. Thorburn Paterson, Lancet, Aug. 24, p. 275.)

ULCERS AND VARICOSE VEINS.—Having for some time used the elastic bandage as recommended by Dr. Martin of Boston, U. S., for the treatment of varicose veins and ulcers, it is right to express my opinion that his treatment is practically good. Under its influence, ulcers not of a specific character do certainly heal, and quickly; and as this is effected whilst the patient follows his usual occupation, the merit of the treatment is evident. The bandage should be applied before the patient rises from his bed in the morning—before, that is, the veins of the leg become distended by the impeded column of blood within them. It should be applied with just snugness enough not to slip down. The moment the foot is put to the ground the limb is so increased in bulk by the increase of blood in the veins that the bandage becomes of precisely the proper degree of tightness, and, no matter how active the exercise or labour of the patient, it will remain in position all day. When the patient undresses at night the bandage is to be removed, and the limb wiped dry, a piece of soft old linen moistened with oil, or some equally simple dressing, laid on the ulcer and retained in place by a few turns of an ordinary roller. The bandage should be sponged with water (cold will do, but warm is better), and hung over a line to dry in readiness for the morning, or it can be wiped dry at once, or rolled up with the tapes in the centre. Such is the dressing for the night; in the morning the leg can be washed, but, whether it is or not, all traces of oil or cerate should be carefully wiped away, as contact with the bandage of any fatty matter would tend gradually to injure the rubber. This is the whole treatment. Rubber bandage all day, with erect position and exercise. The simplest possible dressing (merely to protect the ulcer from injury), with the horizontal position and rest, all night. Any pimples which may form are left to be treated by the rubber, and if the skin become chafed a light covering, as of bunting, is applied as a bandage under the rubber, and the same is recommended to absorb excessive moisture. (Mr. G. W. Callender, p. 163—1 page.)

VARICOSE ULCER.—In a case of varicose ulcer, on lifting the foot above the level of the trunk the vein is immediately emptied of its blood, and it fills again on its being placed firmly on the ground. It *fills, however, from above, and not from below.* During the circulation in its normal state the valves do not, as alleged, contribute to maintain the onward current by supporting the columns of blood in advance of them; the cusps during this process are flattened against the sides of the veins, and are only subjected to closure, and that temporarily, for the purpose of adjusting the blood-tension throughout the veins constantly in peril of disturbance. Aided by certain plexiform arrangements, *this* is the main purpose of the valve system. It can only, therefore, be when a vein is diseased to the extent that it is simply passive in relation to its current, as attested by the behaviour of the blood on alternately raising and depressing the limb, and, at the same time, its *valve—always a barrier valve*—is rendered incompetent, that its part in the composite function of regulating blood tension is suspended. The result is that in this especial vein, the weight of the superincumbent blood-column is in excess of the forces engaged in propelling it; the skin bordering and intermediate between it and the valve barrier next below becomes congested, and ultimately ulcerates. The resultant sore is a genuine "varicose ulcer." If the tissues be relieved of their superfluous blood by rest and leg elevation, the sore will heal; but it will repeat on adopting an opposite course. The only effective remedy consists in the establishment of a quasi-valve in that part of the vein in which it has become inert; and this can only be done by some one of the ordinary means of effecting its obliteration. Thus the essential factors in respect of a *varicose* ulcer are extreme vein degeneration, and resultant incompetency of its valve—always a *barrier* valve; the cure, its substitution by obliteration of the vein-channel in that situation. (Mr. John Gay, p. 165.—1½ pages.)

WOUNDS.—The following is an illustration of the mode of treating wounds at St. Bartholomew's Hospital. The case was one of in-knee, and the knee-joint was opened and the internal condyle separated from the femur. No carbolic or other spray was used at the time of the operation or at any time subsequently. The wound was covered with a doubly folded piece of lint soaked in carbolised oil (1 in 12); over this was placed a larger piece of lint, likewise soaked in the oil; and over all a yet larger surface was covered with some ordinary gutta-percha tissue. The dressings were examined daily, the gutta-percha tissue being lifted and the outer layer of lint being changed, the gutta-percha being then replaced. The inner layer of lint was left undisturbed on the wound for three or four days, being each day refreshed with carbolised oil (poured upon it or painted over it with a camel-hair brush). Whenever this layer of lint was changed, the wound was freely exposed to the air. The patient got well without any constitutional disturbance, and the parts healed in the ordinary course. Treated in a similar manner, there are at this time under observation in one of my wards a severe compound fracture of the femur into the knee-joint, and two cases of compound fracture of the leg; in one of the latter, it was not necessary to disturb the inner layer of lint for nine days after its first application. The results claimed for antiseptic surgery can be ensured by the plan which we have now used for many years, and of which I venture to write as being as simple as it is efficacious. Whilst other methods aim, amongst other things, at the entire exclusion of germs from wounds, I shall rest content to allow their ingress, feeling quite sure that after such entry they are absolutely prevented from doing any harm by the treatment we adopt. (Mr. G. W. Callender, p. 167.—1¼ pages.)

Syphilitic Affections.

MERCURY IN SYPHILIS.—*Modes of Administering.*—There can be no doubt that the majority of cases in private practice, when they require mercury, are best treated by the oral method. If small doses be given in the first place, and gradually increased in frequency till the desired effect be produced, the chances of gastric or intestinal irritation are easily avoided, and salivation can be prevented by the use of chlorate of potash, or alum wash after each dose. The patient is thus permitted to follow his usual avocation, and the remedy may be continued with proper precautions, as long as may be needful. With the other methods it is difficult, from their inconvenience, uncleanliness, or disagreeableness, to induce the patient to persevere sufficiently long; and one strong objection to the routine use either of mercurial fumigation as practised by Mr. Lee, or inunction as practised by Sigmund, lies in the necessity for confinement to the house, and even for a considerable portion of the day to a recumbent position. Exercise in the open air, a nourishing dietary, and even a certain amount of stimulation, especially in chronic cases, are of great importance, whatever be the way in which the mercury be given. Free action of the skin is very desirable, and the occasional use of the vapour bath is a good method of securing it. In obstinate cases of skin affection, an occasional mercurial vapour bath may advantageously be added, and in hospital cases mercurial fumigation is probably the most efficient plan, at all events, to begin with. (Dr. J. Duncan, p. 172.—4 pages.)

Midwifery, &c.

METRORRHAGIA.—*Hypodermic Injection of Ergotine.*—M. C. Paul, in Bull. de Therap. gives the details of 14 cases in which the uterine hemorrhage was arrested in from 5 to 16 minutes, by the following solution:—Ergotine, 2 grammes; water, glycerin, āā, 15 grammes; of which from one to two grammes were injected. M. Paul concludes that the hypodermic injection of ergotine is the most rapid and the most efficacious means that we have at our disposal in the treatment of metrorrhagia. (Med. Press and Circular, March 20, p. 245.)

OVARIAN TUMOURS.—*Diagnosis between Ovarian Dropsy and Ascites.*—We have a patient who has a collection of fluid, either free in the abdominal cavity, or contained in some cyst. In the first case, the central part is dull on percussion, and the sides are quite clear. The inference would be at once that, with intestines at the sides and the fluid in the centre, the woman lying on her back, the fluid must be enclosed in a cyst. On the other hand, here the intestines are floating, giving a clear sound on percussion, and the fluid gravitates to the most depending parts of the cavity, and you will see at once the fluid must be free; the intestines are floating about and the fluid is beneath. As a rule, I suppose, in nine cases out of ten, that would probably be the correct diagnosis. You would say here was a case of ascites, and here, where the intestines are pressed backwards and the fluid is in the centre, that will be encysted fluid; and, in a large number of cases, that will be certainly true. But there will be exceptions. There may be so much fluid in the peritoneal cavity that the intestines do not touch the front of the abdomen, or the intestines may be fastened backwards by adhesions; and fluid, which appears to be in front and is in front, is there, not because it is enclosed in a cyst, but because the intestines are held back. And, on the contrary, one may get a case where fluid is enclosed in the front by coils of intestine round it, and is circumscribed in that manner. The alteration of the position of the patient makes considerably greater and more rapid changes in cases of ascites than in patients with ovarian cysts; the cyst moves about much more slowly than fluid. The superficial veins are more commonly enlarged in ascites than in ovarian dropsy, and, on measurement, the enlargement of the abdomen in ascites is more likely to be symmetrical than in the ovarian cyst; and then, on feeling the abdomen, you are more likely to get a flaccid abdominal wall in ascites, and a mere tense wall in a cyst; and very often, in ascites, the greatest girth is at the umbilical level; whereas, in ovarian dropsy, it is sometimes considerably lower. Supposing doubt does arise as to whether fluid is free or not, one has always the resource of tapping; and a chemical and microscopical examination of the fluid that is removed will settle any doubt as to whether it is free peritoneal or ovarian fluid, or fluid of some other cyst. Years ago, before Scherer's test to distinguish albumen in its true form from the forms of albumen that chemists do not seem very accurately to determine, it was sometimes extremely doubtful to arrive easily at this determination. But Scherer showed that the albumen which, when coagulated by heat, is redissolved by acetic acid is a very different albumen from true albumen. Paralbumen or metalbumen are forms that, when coagulated by heat, can be dissolved by acetic acid boiled. One takes a test-tube and boils the fluid, and the albumen is coagulated. You add a little strong acetic acid, and give it a good boil, and shake it up; and if the albumen be

true, the coagulum does not redissolve in the acetic acid. But supposing it to be paralbumen then it either dissolves, or forms a whitish transparent fluid, or breaks up into a kind of jelly-like transparent mass, which is quite easily distinguishable from undissolved albumen coagulated by heat. This was supposed to be, for a long time, a pretty certain means of distinguishing between ascitic fluid and ovarian fluid. If the coagulated albumen were dissolved in acetic acid, it was said to be ovarian, and if it did not redissolve it was said to be ascitic; and that was frequently right. Sometimes part would redissolve and part would not, and then the supposition was that it was a mixed fluid, some ovarian and some peritoneal, that an ovarian cyst had burst, and some of the fluid was in the peritoneal cavity; a certain amount of fluid had been poured out, and there was a mixed fluid, which contained some true albumen and some paralbumen. After a little further examination, one saw that there were exceptions to this rule. (Mr. T. Spencer Wells, p. 203.—1½ pages.)

Diagnosis of the Different Kinds of Ovarian Tumour.—We can ascertain with little care whether a cyst is a single cyst with limpid contents or whether the contents are likely to be viscid, and this will assist us in forming some opinion as to whether one should be content with tapping and drainage, or whether it would probably be ultimately necessary to resort to ovariotomy. The reasons which would induce us to suppose that the cyst is single, and that it probably may be cured by tapping, are, that it may have existed for many years without any great effect upon the general health of the patient; or, on the other hand, that it has formed with such extreme rapidity that it is almost certainly mistaken for ascites. When you get this very rapid formation of a cyst, it is pretty certain the cyst is a single one; and so also if the cyst has existed a good many years, and the patient has not suffered much from it, it is probably single. And these are cases in which tapping alone may not only afford temporary relief to the patient, as it does, but may possibly complete the cure; the fluid may never re-form. When you get resistance to the wave of fluctuation in different directions, then you may also be pretty certain that there are septa dividing the cyst into different portions, and that it is of a multilocular character, and in that case tapping would be of no use; although one compartment might be emptied, the others would remain full. The solid tumours I need not say anything more about, except that they do not fluctuate; they are solid. These are much rarer than cases where one finds a portion of the tumour solid and a portion of it fluctuating. (Mr. T. Spencer Wells, p. 205.—4 pages.)

Tapping an Ovarian Cyst.—Mr. Wells uses for tapping an instrument which he describes as follows:—The point is exactly like the point of a steel pen, and is so made that it does not cut a piece out of the abdominal wall, but simply enlarges the opening made by the scalpel. A small opening is made first by a lancet or scalpel, and then this instrument is easily passed into the cyst. It is evident, if this were left in the cyst, it would be dangerous when the cyst was empty; a sharp point like this in the interior of a contracting cyst would be pretty certain to wound it; so I added a blunt cannula. I first put the cutting point inside, but afterwards found it better to slip up the blunt cannula inside the sharp tube, and that is the form of instrument now used. Passing it with the point directed downwards so as to avoid any rush upwards of the air which might occur if the point were at a higher level than the end of the tube. With the tube, the instrument at once becomes a syphon, and this calibre is large enough to allow the escape of viscid fluid. There are several small openings in the cannula, because if the opening be too large, there is the possibility of the entrance of little bits of omentum or small shreds or clots, which may be in the interior of the cyst. These would block the tube; therefore it does not do to make it too large. Fixing a long elastic tube on to the end of this instrument, the fluid is carried silently away into a vessel under the bed; the patient does not hear any splashing, and there is no possibility of any air entering into the cyst. Supposing the fluid—whether ovarian or cystic—is in the peritoneal cavity, or there is a doubt as to where it is, it is desirable to remove such fluid without the possibility of wounding any uterine tumour, or any mass of cancer, or injuring the intestines or omentum. For this operation I contrived this form of cannula, which is used after a simple lancet puncture. Passing a lancet or small scalpel through the abdominal wall until fluid appears, then removing the knife, and pushing this hollow tube to the cavity, the fluid at once rushes away. The tube may be moved about as a probe to feel whether any tumour is free or adhering, and we can do that without the slightest fear of doing any harm. With these several small openings, there is no fear of portions of omentum becoming entangled by the pretty strong suction that goes on through the long syphon. (Mr. T. Spencer Wells, p. 208.—4 pages.)

OVARIOTOMY.—*The Adhesions.*—Practically, I think, the question of extent of adhesion to the abdominal wall is not of much consequence. The result is pretty much the same, so far as the adhesions go, to the patient; but the amount and intimacy of pelvic adhesions are a matter of very much greater moment. Supposing an ovarian cyst is adherent low down in the pelvis, between the uterus and rectum or the uterus and bladder, or on either side, the attempt to separate it is necessarily a dangerous one. If any bloodvessels be torn, it is difficult to find them. One can pretty well ascertain if there be such adhesions as these, by a careful examination of the pelvis by the vagina. You find that they do not move with the position of the patient; they do not move when she coughs; they do not move when the shoulders are lowered and the hips raised; and it is impossible, either with the uterine sound or in any other way, to separate the uterus from these pelvic portions of the adherent tumours. Occasionally there will be an ovarian tumour low down in the pelvis which does move, from which the uterus can be separated, and need not interfere at all with ovariotomy; and in such cases it is sometimes quite curious to hear the rush of air into the bottom of the pelvis when the lower portion of the cyst is separated from the hollow of the sacrum. Air rushes down with a gurgle, the tumour is easily brought up, and there is no more difficulty than in an ordinary case. It occasionally becomes very doubtful whether an ovarian tumour is simply jammed down into the pelvis, or whether it is fixed there by strong adhesion; but still I think this can be made out by care—ascertaining whether the uterus is movable; ascertaining whether the lower portion of the cyst moves in different positions of the patient; and, if it really be firmly fixed, whether the sensation to the finger is that it has been absolutely glued down to the bottom of the pelvis. If there be this intimate adhesion pretty low down, as a rule I think the operation is not one that is likely to succeed. (Mr. T. Spencer Wells, p. 207.—4 pages.)

Some Points in Ovariotomy.—If the pedicle be small enough to be securely held in a clamp of

moderate size, and long enough to permit the clamp being fixed outside the closed wound, without much pull on the uterus or broad ligament, no more ready or more successful method than the clamp can be desired. When the pedicle is so short, broad, or thick that a very large clamp would be necessary to secure it, that the wound could not be closed around it, and the traction upon the uterus when the clamp was fixed outside the abdominal wall excessive, either the ligature or the cautery should be preferred to the clamp. Or if, after applying a clamp, it be found that it cannot be fixed outside without undue strain upon the uterus, either the cautery may be used, or the pedicle may be transfixed and tied, and the clamp removed after it has served its temporary purpose. As a rule, if adhesions be torn and the tumour removed the abdominal wall contracts, and this contraction stops the bleeding; but if the adhesions be cut by scissors or knife, they do sometimes bleed, and in a troublesome way. For cases in which there is hyperpyrexia, Mr. Thornton has contrived a form of cap which answers the purpose extremely well. A pail of water, with a large lump of ice in it, is placed by the bedside of the patient, and the stream of iced water runs through the cap, which is formed of a series of tubes of india-rubber, lined with linen. This is placed upon the patient's head. It is made of different sizes to fit different shaped and sized heads; and this other tube is put into a second pail on the other side of the bed, and by this means the head is iced. The effect in lowering temperature is very marked. It is very seldom that within an hour the effect upon the patient cannot be distinctly proved by the thermometer. (Mr. T. Spencer Wells, p. 213.—2 pages.)

PLACENTA PRÆVIA.—If the os uteri is small and rigid, our duty will be, in the first place, to have recourse to plugging, until this state of the os is overcome; and the best kind of plug is the india-rubber bag filled with air, which Dr. Keiller had the merit of introducing into midwifery practice. This is infinitely superior to "Dr. Barnes's bags," as they are called, which are filled with water. The bag filled with air not only affords a light and good support, but it enables the accoucheur to ascertain if the hemorrhage is still going on, and it is easily applied; whereas, if a sponge or handkerchief is employed, it is introduced with difficulty, and the blood is prevented escaping, so that the accoucheur is kept in the dark as to the continuance of the hemorrhage, unless the general condition of the patient enlightens him. If the labour pains are active, it will be desirable to remove the plug to ascertain what progress has been made in the dilatation of the os, and if it is sufficiently dilated, or easily dilatable to admit the hand, and the child has been ascertained to be alive, and the hemorrhage profuse, there ought to be no delay in delivery by means of turning. But if the child is dead, and the mother much exhausted, it may become a question if the entire separation of the placenta may not be attempted, especially if there is a natural tendency to its being detached by the uterine contractions. If the os uteri is not sufficiently dilated to admit of either of these operations, and if the case is one of central presentation, the plug should be again employed, as it is probable that the hemorrhage is caused by the placenta being put on the stretch by the pressure of the child's head, and the support afforded by the plug may have the effect of checking it until labour is further advanced. But if it is a partial presentation, and the distended membranes are found occupying the entire disk of the os, rupturing them may have the effect of checking the hemorrhage, by allowing the uterus to contract on the vessels from which it was flowing, just in the same manner as takes place when they are ruptured in accidental hemorrhage. In regard to Barnes's operation, I cannot imagine any case in which it would be justifiable. (Dr. C. Bell, p. 191.—3 pages.)

POST-PARTUM HEMORRHAGE.—*Prophylactic Treatment.*—If the labour be sufficiently advanced, and the pains, from any cause not within the scope of a digital examination, begin to hesitate, and finally disappear, I invariably administer a full dose of Richardson's liq. secalis ammon., which can be repeated in about half an hour, provided one dose has failed to stimulate the uterus into action. This is a beautiful preparation of ergot, and is not disliked by patients; it is void of the *nauseating* effects of other preparations, and has the advantage of being more active and reliable in its operation. It is conveniently given in a cup of tea, and, from the presence of free ammonia, is slightly stimulating beyond its specific effects. Like other preparations of ergot, it will produce "cramp" if given to excess, and before the os is sufficiently dilated—*i. e.*, if given too early in labour. I have given it as a mixture every two or four hours (depending on the urgency of the case) in various miscarriages with undue "loss," and it has seldom failed to expel placental debris, clots, &c., securing contraction, and cutting short the hemorrhage. As I have stated, it does not sicken, and at present I do not know a better therapeutic agent in simple uterine inertia. Therefore, I have no hesitation in pronouncing it a valuable addition to our means of averting and limiting post-partum and other uterine hemorrhages. But we cannot rely on ergot alone. In order to keep up continuous uterine contraction, the left, or disengaged hand, should be planted firmly on the fundus uteri, which should be followed in its descent as the child clears the lower outlet. As both hands are likely to be engaged at this stage of the labour, the hand of a nurse should be placed in the same position, and if not frequently reminded she will be pretty certain to relax her hold. No time should be lost in separating the child, and replacing the hand on the partially emptied, and consequently less perfectly supported, uterus. Squeezing should not be immediately practised with a view to expelling the placenta, which, as a rule, will soon separate and be found in the vagina or the bed. This is indicated by a further recession of the fundus uteri, which is now low in the pelvis. Attention should be given to the pulse, and if about 100 per minute, another dose of ergot should be given, and the result carefully watched. A steady pulse of 80 or 90 after the lapse of an hour need give no alarm. (Dr. A. McCook Weir, p. 187.—2¼ pages.)

Post-partum Hemorrhage from Inertia.—Not unfrequently the fault lies in the uterus itself, owing to inertia. In order to relieve this condition various means have been advocated, all of which have been successful, and all of which have failed, the chief aim and object of all being closure of the mouths of the bleeding vessels either chemically or mechanically. Could we but get the uterus firmly, equably, and permanently contracted, hemorrhage could not occur, and the converse of this is equally true. Nature has adopted a beautiful means for the prevention of hemorrhage from the veins and sinuses of the uterus—which is a hemorrhage by retrogression—by the position and mechanism of the uterine veins, although devoid of valves. This natural mechanism was beautifully shown in a case of dissection of a gravid uterus about the sixth month, which came under the observation of Mr. Owen, who states that he "observed that where the

veins of different planes communicated with each other in the substance of the walls of the uterus, the central portion of the parietes of the superficial vein invariably projected, in a semi-lunar form, into the deeper seated one, and where, (as was frequently the case, and especially at the point of termination on the inner surface) two, or even three, of these wide venous channels communicated with a deeper sinus at the same point, the semi-lunar edges decussated each other, so as to allow only a very small part of the deep-seated vein to be seen. It need scarcely be observed how admirably this structure is adapted to insure the arrest of the current of blood through these passages upon the contraction of the muscular fibres with which they are everywhere surrounded." (Dr. M. M. Bradley, p. 183.—3¼ pages.)

Hot Water Injections in Post-partum Hemorrhage.—For arresting uterine hemorrhage hot water must soon supersede all drugs and medicated injections, being superior to them all in many important particulars. 1. It is easily attainable at all times. 2. It is absolutely safe, if care be taken to exclude air from the syringe. 3. It stops hemorrhage not by artificial plugging, but by causing a natural contraction of the uterus. 4. It is cleanly, and a disinfectant, such as carbolic acid, can be easily added. 5. By imparting heat, it rallies the exhausted patient, and gives power to the muscles for contracting, instead of, as is the case with ice, abstracting what little heat remains, and so benumbing and paralysing them. Can more be required of an agent? It is my practice to have a syringe and hot water always on hand. In case of hemorrhage the water is used as hot as can be borne by the hand. If, however, all goes well, a vaginal bath is given at 100° F., and continued for several days night and morning. A few drops of the strong impure carbolic is added to the water as a disinfectant. (Dr. Wm. S. Whitwell, p. 186. —1¾ pages.)

Pregnant Sickness.—*Oxalate of Cerium.*—The one or two grain doses of the oxalate usually given are perfectly useless, but I have not met with a case in which the nausea has not been very considerably relieved, and in most cases completely checked by ten-grain doses of the oxalate of cerium. The oxalate of cerium I have also found most efficacious in retaining the nausea resulting from irritation. I generally combine it with bromide of potash in these cases. (Dr. F. E. Image, p. 193.—¼ page.)

Puerperal Fever.—Puerperal fever is indeed nothing else than the infecting of fresh wounds, such as are found in every newly-delivered woman, with destructive septic materials. Now, materials of this sort gain admission in two ways: first, and this happens more especially in very difficult and long labours, under the influence of the particles that cause putrefaction which are ever present in the air and ever ready to press in, decomposition occurs in the mother's own secretions and excretions, and thus takes its rise in the maternal organism itself; or, secondly, these materials are introduced into the female genital canal *from outside*. This latter is brought about almost exclusively by the finger or instruments of those who examine the lying-in woman—that is to say, of the midwife or the physician. If the instruments or finger of these persons have not been cleansed with the greatest care, and disinfected most conscientiously after they have been in contact with any infective matters, the result is that these matters are brought into contact with the fresh wounds of the woman during labour or subsequently, and thereby infect her with a fatal disease. A specially frequent channel of infection is from a diseased lying-in woman, to another, because midwives quite commonly from a diseased lying-in woman, whom they are nursing, attend upon a new confinement, without sufficiently purifying themselves; and it cannot be doubted that, in the majority of cases, the midwives are the carriers of this infection, because, to their exclusive care the great majority of labours is intrusted, and they naturally come into more intimate relations with the lying-in women than the physicians, who, in very many cases, are only called in after the onset of threatening symptoms. (Report of Berlin Obstetrical Society, p. 199.—2¼ pages.)

Rectal Examination of the Uterus.—If the thumb of one hand in the vagina fixes the vaginal portion of the cervix uteri, the index-finger of the same hand in the rectum can not only feel the posterior surface of the uterus distinctly, but can follow the sacro-uterine ligaments; while, if the other hand presses the abdominal wall backwards towards the sacrum, a very accurate idea can be obtained of the relations of all the pelvic organs. The uterus can be moved in various directions, and anything between it and the bladder or rectum is distinctly felt, supposing of course no extraordinary amount of fat in the abdominal wall, nor any peculiar rigidity in the vagina, interfere. Flexions of the uterus are thus very accurately recognised, and often replaced easily. (Prof. Hegar, p. 202.—1¼ pages.)

Tedious Labours.—*On the Use of the Forceps.*—The instrument I use and recommend is so intimately connected with what I consider distinctive in my practice, that, without such an instrument it is impossible, if it should be considered desirable, to apply it as I have done, for I find I almost invariably place the blades antero-posteriorly, or nearly so. The advantages of grasping the head in this way I think, and have attempted to show, are enormous, and I feel confident, from an experience of half a lifetime, that the practitioner who once gets and uses the forceps as I have directed will never feel that he needs another. Get from Mr. Young, of Edinburgh, who made mine, a forceps such as I have described, and I think you will find it the best investment in instruments you have ever made. Get, I would say, the three blades, for though I have generally managed to dispense with the short blade, it gives a good hold where the os sacrum is very prominent, and it can be laid aside when the labour advances. The stronger instrument I have latterly used possesses decided advantages over that originally designed by Dr. Ziegler, from its greater length and strength, and from other circumstances which I have mentioned. The hold which I get is generally perfect. The solid blade also seems to me to be an improvement, for there is no catching in introducing it or in pulling with it, and there is not even a scratch left where it has been fixed. Two of my recent cases had the face to the pubes, and the solid blade was at first in both applied over the face, without the slightest injury to the skin. Though it may be necessary occasionally to introduce the forceps *within* the uterus, try to avoid this as much as possible by assiduously pushing up the uterus with the fingers or hand both anteriorly and posteriorly, for the application of the instrument is thus made easier, and the risk to the mother is lessened. (Dr. G. Hamilton, p. 174.—4 pages.)

Miscellanea.

Alcohol.—*Action of.*—The peculiar way in which alcohol transudes through membrane, its

diffusive power as it is called, enables it to reach all parts of the body in an extremely short space of time. There is dilation with reduced power of contraction. This vaso-motor paralysis, so to speak, is more continuous as well as more complete in some organs than in others, and some forms of alcoholic drinks produce it much more certainly than others. This is the case if the alcohol be impregnated with some of its allies, especially amylic alcohol and fusel oil; these latter are always more or less present in potato spirit, with which wines are commonly fortified. The influence of these alcohols is very decided upon the nervous centres; they immediately produce some of those exaggerated forms of drunkenness in which violent excitement and maniacal delirium are manifest. They make the fluid pleasanter to the taste; and some of their forms are frequently added for the purpose of producing a so-called "bouquet." Their effects are far more serious and immediate than those which follow from the simple use of ethylic alcohol. In its first origin the effect is to interfere with the proper renovation and nutrition of the part, and to commence a disease of the particular organ affected. Dyspepsia is the first outcome of the use of stimulants, and as a sequence to a common result, viz., inflammation of Glisson's capsule, we may have so-called cirrhosis or fatty degeneration of the liver, and similar changes may take place in the kidney; the heart and large blood vessels may suffer directly or indirectly; the muscles may be destroyed, or the nerve-tissue of the brain or spinal cord may be the parts which show the effect of the reagent first. (Dr. A. Carpenter, p. 226.—6 pages.)

BEEF-TEA.—In making beef-tea it is well not to add the water to the meat until the latter has discharged all the gravy from its fibre under the influence of moderate heat. Cut or tear an ordinary beef-steak to pieces on a dish, using a knife and fork, and reducing it to somewhat small fragments; then throw the meat into a jar, and close the top with an earthenware cover, or paper stretched over it, and tied. In any case keep in the steam. Place the jar in a slow oven, or set it on the top of a boiler, or, still better, stand in a saucepan of hot water, *not boiling*. Be careful that no water reaches the meat. After standing for about three-quarters of an hour, exposed to a moderate temperature, hot enough to melt the soft parts of the meat, but not to coagulate it, remove the cover, and pour on water below the boiling point in the proportion of one pint to a pound of the meat; add a little salt, and let the contents of the jar now simmer an hour, and strain through a coarse cloth, squeezing the residue, which will be found to consist of indigestible fibre, while the "beef-tea" is strong and good. (A Practical Physician.)

With reference to the preparation of beef-tea, I would suggest the following recipe to the consideration of your readers as one which furnishes the most nutritious, and perhaps the least expensive, aliment of the kind for invalids:—Take one pound of *neck* of beef, chopped very finely so as to resemble "sausage-meat," and add to it one pint of cold water; set aside, and allow it to soak for twelve hours; then gently and steadily heat, or, what the cook calls, simmer, for two hours; strain through a coarse sieve, a cullender, and it is ready for use. For those, however, who have a great distaste for fat, or with whom it appears to disagree, the beef-tea must be allowed to cool, and the fat removed from the surface. It may be flavoured with mace, nutmeg, pepper, &c., according to taste. (Dr. T. F. Pearce, Lancet, June 15, p. 887.)

BUTYL CHLORAL.—*Its Action.*—The former name croton-chloral is quite incorrect and very misleading, as it has no relation to croton-oil. The first action of the drug is to produce anæsthesia, which begins in the head and gradually passes to the rest of the body, reflex irritability remaining intact in the limbs for some time after it has been abolished in the head. Then follows narcosis; but it is important to observe that anæsthesia in the head and face may be complete before any trace of narcosis manifests itself. From a consideration of this fact Professor Liebreich suggests the use of butyl chloral in operations on the face, in cases where other anæsthetics are contra-indicated. The dose for this purpose is from one to two grammes (15 to 30 grains). The chief interest of the lecture lay, however, in the remarks made as to the action of butyl chloral on the heart, and the manner of death in fatal cases. It was pointed out that whereas in the case of chloral hydrate the heart was paralysed and its action ceased before the movements of respiration came to an end, the reverse held good in case of butyl chloral. A fatal dose of that substance attacks the respiratory centre in the medulla oblongata and paralyses it, while the heart is unaffected and continues to pulsate for some time after death. (Prof. Liebreich, p. 217.—1 page.)

CARBOLIC ACID.—*Medical Uses of.*—The diseases in which carbolic acid is especially useful are. 1. All that class of local festering, pustulating diseases of the skin which are at once so common and so difficult to cure. They include all kinds of pustules, boils, and carbuncle; sycosis, pustular acne, and festering ringworm. 2. Such strumous sores (especially of the neck) as comes under the care of the physician. 3. Excoriations of the os and canal of the cervix uteri. 4. Phthisis in its second and third stages, and cases of chronic bronchitis accompanied with more or less purulent expectoration. In order to be effective the carbolic acid must be brought into contact with the part to be acted on, and in many cases where it has been found ineffective the failure has been due to a neglect to ensure this contact. In the pustulating and suppurating diseases of the skin it is never sufficient to apply the solution of the acid, of whatever strength, upon or to the outside of the skin. It must always be introduced into the interior of the sore or pustule itself, and so as to come sufficiently in contact with every part of the diseased surface. All cases of boils and carbuncles in their earlier stages can be absolutely aborted and cured, whilst even in later stages their further increase can be almost surely prevented. For this purpose a very strong glycerine solution should be employed, and it is best conveyed into the interior of the pustule, boil, or suppurating spot, by a new quill pen dipped into the solution, and introduced by a rotatory motion through its apex, where a sufficient aperture will generally be found. In carbuncles, which are necessarily larger, and have often several openings, several such introductions may be necessary, or, at a later period, threads of lint soaked in the fluid, may be passed with a probe well into all the sievelike openings. Occasionally, as when the mass is large and solid, a watery solution of the acid may be injected with a hypodermic syringe into various parts of the hardened growth. The same plan of treatment is often quite effective in cases of sycosis, pustular acne, and festering ringworm. (Dr. P. Eade, Lancet, June 29, p. 927.)

DIRECT METHOD FOR RESTORING THE APPARENTLY DROWNED. — 1st. INSTANTLY turn the patient downwards, with a large firm roll of clothing under the stomach and chest.

Press with your weight two or three times, for four or five seconds each time, upon the patient's back, so that the water is pressed out of the lungs

and stomach, and drains freely downwards out of the mouth. Then

2nd. QUICKLY turn the patient face upwards, the roll of clothing put under his back just below the shoulder-blades, the head hanging back as low as possible.

Place the patient's hands together above his head.

Kneel with patient's hips between your knees.

Fix your elbows against your hips.

Now, grasping the lower part of the patient's chest, squeeze the two sides together, pressing gradually forward with all your weight, for about three seconds, until your mouth is nearly over the mouth of the patient; then, with a push, *suddenly* jerk yourself back—

Rest about three seconds; then, begin again.

Repeat these bellows-blowing movements, so that air may be drawn into the lungs, about eight or ten times a minute.

Remember, the above directions must be used *on the spot*, the instant the patient is taken from the water. A moment's delay—and success may be hopeless. As soon as the water is pressed from the lungs, all clothing should be ripped away from the chest and throat. In making the pressure, either for the removal of water or for breathing, increase it *gradually* and thoroughly, and *suddenly* let go with a jerk. With women and children use less force.

Do not stop these movements under an hour, unless patient breathes. Be careful not to interrupt the first short natural breaths. If they be long apart, carefully continue between them the bellows-blowing movements as before.

After breathing is regular, keep patient warm with blankets, rubbing with warm hands, &c.

Prevent crowding around patient; plenty of fresh air is all-important.

Spirits and water only, in occasional small doses, may now be given; if hot the better. After this, encourage quiet and sleep. (Dr. Benj. Howard, p. 222.—¾ page.)

IMPURE AIR IN MINES.—*Apparatus for Rendering Impure Air Respirable.*—Dr. Ball, of the Blaenavon Iron Works, describes an instrument for rendering impure air in mines respirable. (See woodcuts p. 219.) He says, "by the use of this apparatus, I expect that a collier would be enabled to go into a mine charged with carbonic acid. In the case of an explosion, in which all the oxygen had been converted into carbonic acid and steam, the explorer would be enabled to supply himself with such an amount of oxygen as would neutralise the effects of the carbonic acid. The man could easily carry a supply of oxygen which would last for two hours, even when he was using the maximum quantity required; and, by connecting a second tube and a face-piece to the oxygen-reservoir, he could revive any sufferer whom he might find overcome by carbonic acid." (Dr. C. B. Ball, p. 218.—2 pages.)

MILK AS A VEHICLE FOR QUININE.—It is not generally known that milk is an elegant and convenient solvent for quinine, and that it disguises to a great extent its bitterness. If one grain of sulphate of quinine be dissolved in an ounce of milk, we shall find that the bitterness of the draught is hardly perceptible; with two grains there is rather more bitterness, but it is not at all marked. A dose of five grains may be taken in two ounces of milk without an unpleasantly bitter taste; and if the same quantity be put into a tumblerful of milk, the bitterness is all but lost. This method of administering quinine must in some cases be preferable to the ordinary way of dissolving it in acid or spirit, especially where the bitter taste is objected to (as in the case of children), or where the required dose is large; and it will, doubtless, be found to possess other advantages. (Dr. R. L. Batterbury, Berkhamsted, Brit. Med. Jour., June 29, p. 933.)

NUTRITION.—*Phosphates.*—The *organic* materials in the soft tissues, and their relative proportions, exert a very important influence in nutrition; and their absence or presence in insufficient quantities, either from diminished supply or imperfect assimilation, is the origin of a class of diseases (organic) which have hitherto received no adequate explanation as to their cause. The only form of phosphorus met with in food and in the animal tissues is phosphoric acid. The seat of phosphates in the tissues is in the capillaries. The capillaries, including arterioles, capillaries proper, and venous radicles, have to do with the building up of tissues; and it is essential to keep in view, that the inorganic constituents of food, the phosphates among the rest, are as essential for perfect nutrition as the flesh-formers and heat-producers. (Dr. M. F. Anderson, p. 235.—3 pages.)

STRYCHNIA AS A TONIC.—It would appear that strychnia or nux vomica is one of the most valuable tonics which we possess. When combined with nitro-hydrochloric acid it is perhaps one of the most efficient remedies that we can give for the debility which is so often noticed in warm weather, and when the ordinary tonics, such as gentia, columba, cascarilla, or quinine do not produce the desired results, the addition of a little nux vomica or strychnia to them may give us the wished-for effect. (Dr. T. L. Brunton, p. 239.—1¼ pages.)

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In the present number will be found a list of all the New Books issued since January 1878. It will be seen the publisher announces that he will furnish these works and periodicals at the respective publishers' lowest rates.

The attention of purchasers of Medical Books are directed to the announcement by the publisher of his BOOK PURCHASING AGENCY on the forty-fourth page of this journal. He has superior facilities for supplying this class of works, which enables him to furnish these publications at rates varying from *ten to twenty per cent.* lower than the regular prices of the respective publishers.

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It contains three hundred blank pages arranged in diary form for THIRTY-FOUR or SIXTY-EIGHT PATIENTS, and so ruled and divided as to admit of a complete and compact record of professional practice.

Bi-Sulphate of Quinine Pills.

WE take great pleasure in calling the attention of the medical profession to McKesson & Robbins' advertisement of their well-known Bi-Sulphate of Quinine Pills, facing first page of reading matter. They have paid much attention to the subject of putting Quinine into Pills, in a condition approaching that of a solution, and have at last succeeded in these Pills, and offer the same to the profession, confident that they will stand any test for solubility and prompt action. This celebrated Drug House during the past year have more than doubled the capacity of their Pill rooms, have made great improvements in their excipients, and have largely increased their facilities for the manufacture of chemical and pharmaceutical preparations.

TO THE MEDICAL PROFESSION.

LACTOPEPTINE

THE MOST IMPORTANT REMEDIAL AGENT

ever presented to the Profession for Indigestion, Dyspepsia, Vomiting in Pregnancy, Cholera Infantum, Constipation, and all Diseases arising from imperfect nutrition, containing the five active agents of digestion, viz.: Pepsin, Pancreatine, Diastase, or Veg. Ptyalin, Lactic and Hydrochloric Acids, in combination with Sugar of Milk.

FORMULA OF LACTOPEPTINE.

Sugar of Milk	40 Ounces.	Veg. Ptyalin or Diastase	4 drachms.
Pepsin	8 ounces.	Lactic Acid	5 fl. drachms.
Pancreatine	6 ounces.	Hydrochloric Acid	5 fl. drachms.

LACTOPEPTINE owes its great success solely to the Medical Profession, and is sold almost entirely by Physicians' Prescriptions. Its almost universal adoption by the profession is the strongest guarantee we can give that its therapeutic value has been most thoroughly established.

The undersigned, having tested LACTOPEPTINE, recommend it to the profession.

ALFRED L. LOOMIS, M. D.,
Prof. of Pathology and Practice of Medicine, University of the City of New York.

LEWIS A. SAYRE, M. D.,
Prof. of Orthopedic Surgery and Clinical Surgery, Bellevue Hospital Medical College.

F. LE ROY SATTERLEE, M. D., PH. D.,
Prof. of Chem., Mat. Med. and Therap. in the N. Y. College of Dent.; Prof. of Chem. and Hygiene in the Am. Vet. College, etc., etc.

SAMUEL R. PERCY, M. D.,
Prof. Materia Medica, New York Medical College.

A. VAN DEVEER, M. D.,
Albany, N. Y., June 8th, 1878.
Prof. Prin. and Prac. of Surg., Alb. Med. Col.; Surg. Alb. and St. Peter's Hospitals.

"I have given LACTOPEPTINE a good thorough trial, and have been greatly pleased with the excellent results that have followed its administration."

JOHN H. PACKARD, M. D.,
Philadelphia, Pa., May 30th, 1878.
Pres't Pa. Co. Obstet. Society; Surg. Episcopal and Women's Hospitals.

"I have found great satisfaction in the use of LACTOPEPTINE, and have ordered it frequently in cases of Dyspepsia, especially where there is want of tone and defective secretion."

JAS. AITKEN MEIGS, M. D.,
Philadelphia, June 20th, 1878.
Prof. Inst. of Med. and Med. Juris., Jeff. Medical College; Phy. to Penn. Hos.

"I have used LACTOPEPTINE with very good effect in a number of cases of Dyspepsia."

W. W. DAWSON, M. D.,
Cincinnati, O., June 21st, 1878.
Prof. Prin. and Prac. Surg., Med. Coll. of Ohio; Surg. Good Samaritan Hospital.

"I have used LACTOPEPTINE with great advantage in cases of feeble digestion."

ALBERT F. A. KING, M. D.,
Washington, D. C., June 19th, 1878.
Prof. of Obstetrics, University of Vermont.

"I have used LACTOPEPTINE both in hospital and private practice, and have found it to answer fully the purposes for which it is recommended. As an immediate aid to the digestive function, I know of no remedy which acts more directly."

D. W. YANDELL, M. D.,
Louisville, Ky., March 7th, 1878.
Prof. of the Science and Art of Surg., and Clinical Surg. University of Louisville.

"I have made much use of LACTOPEPTINE, and take great pleasure in stating that it has rarely disappointed me. I shall, of course, continue to prescribe it."

ROBT. BATTEY, M. D.,
Rome, Ga., June 7th, 1878.
Emeritus Prof. of Obstetrics, Atlanta Med. Coll., and ex-Pres. Med. Ass. of Ga.

"I have used LACTOPEPTINE in a case of Dyspepsia, with satisfaction. I think well of it."

CLAUDE H. MASTIN, M. D., LL. D.,
Mobile, Ala., June 8th, 1878.

"I consider LACTOPEPTINE the very best preparation of the kind which I have ever employed, and for patients with feeble digestion I know of nothing which is equal to it."

PROF. H. C. BARTLETT, PH. D., F. C. S.,
London, England,
February 22d, 1876.

"I find the preparation of LACTOPEPTINE contains within itself all the principles required to promote a healthy digestion."

PRICE LIST.

LACTOPEPTINE (in oz. bottles)	per oz.	$1.00
" (" ")	per doz.	10.00
" (in ½ lb. ")	per lb.	12.00

We also prepare the various Elixirs and Syrups, in combination with Lactopeptine.

THE NEW YORK PHARMACAL ASSOCIATION,

P. O. BOX 1574. **10 and 12 COLLEGE PLACE, NEW YORK.**

It is well known that McKesson and Robbins were the first to introduce and popularize a different coating for pills than sugar, having commenced the manufacture of Gelatine-Coated Pills about ten years ago. It is not necessary for us to endorse the character and reputation of this well-known firm. The quality and reliability of their preparations have been universally attested.

Medical Electricity.

The last few years have witnessed great advances in our knowledge of electricity as a therapeutic agent, and in the construction of various forms of apparatus for its application. Among the newest and most ingenious of these we have specially to commend to the profession a portable galvanic battery, arranged in the form of a belt, and sold as the Volta Electric Belt, by the Volta Belt Co. of Chicago, Ill. This apparatus consists of a large number of battery cups of small size, arranged on an elastic band, and can be conveniently and comfortably worn underneath the clothing. Conducting wires and electrodes are used to convey the current to distant parts of the body, or these may be detached and a mild electric action diffused directly from the inner surface of the belt. As a means of applying the continuous galvanic current of comparatively high intensity for hours or days in succession, the Volta Electric Belt is of great value, and undoubtedly will, in a large number of cases, by its convenience, efficiency, and saving of time, supersede many more complicated and costly modes of electric treatment. The current yielded is the direct constant galvanic, which can be regulated at will; and the action is steadily maintained with no practical variation for twelve hours after charging the belt, which is done by dropping a little weak vinegar or dilute acetic acid into the cups.

The Volta Belt Co. are a perfectly reliable firm, and have taken care before offering their Electric Belt to the medical profession to submit it to the examination of well-known experts in electricity, physicists, medical men and others, whose reports on the electric properties of the Belt, the constancy, regularity and intensity of the current yielded, and its suitability and efficiency as a therapeutic agent, are published in a small descriptive pamphlet issued to the medical profession. Undoubtedly where the object is to obtain that form of sustained galvanic action (the direct continuous) whose effects are in the main that of a general tonic, acting without shocks, assisting and promoting the nutritive changes, aiding in the processes of digestion and secretion, principally instrumental as a curative agent in abnormal conditions of the nervous system, no more convenient, safe or efficient form of electric apparatus can be devised than the Volta Electric Belt. The Belt complete does not weigh more than twelve ounces, and in the constancy and high intensity of the current yielded, the apparatus is superior to most of the ordinary batteries in the market. Besides, nothing can be more perfect than the arrangements for conducting the current to distant parts of the body, diffusing or concentrating it as may be desired.

Interesting to Practitioners.

We are in receipt of two articles, ably illustrating the value of "Phillips' Cod Liver Oil, in combination with Phospho-Nutritine." The claim is made that it is borne by the most delicate stomachs when various other emulsions were intolerable. Our experience with the same preparation is equally as agreeable, the vitalizing power of Phospho-Nutritine being particularly marked in *building up* the weakened system, *with the Phosphates*, and the minute subdivision of the oil globules, permitting and demanding its administration with water, *assuring thorough assimilation.*

The above mentioned preparation has been introduced by Mr. C. H. Phillips, who a few years ago presented the medical profession with that most effective Aperient and Antacid, "Milk of Magnesia," now so largely prescribed in all disorders of the stomach.

New Substitute for Quinine.

Much attention has been given during the past year to the comparative therapeutic merits of the various alkaloids of the Cinchona Bark. Experiments on a large scale have attested the fact that one of the alkaloids has even surpassed Sulphate of Quinia in its curative effects, and it has now become a well known fact that the *combined* alkaloids have much greater effect than any *one* of the alkaloids. Physicians have long felt the need of some reliable substitute for Quinine, chiefly on account of the sudden and often excessive advances in the price of Sulphate of Quinia, and more especially of late, when depression in business, etc., has rendered it impossible for their poorer patients to pay the price for Quinine. Dundas Dick & Co., the well known Manufacturing Pharmaceutical Chemists of New York City, have lately introduced to the notice of the profession, especially for use amongst their poorer patients, a very superior preparation, being a carefully prepared extract of *all* the alkaloids of the Cinchona, with the valuable medicinal properties of the Eucalyptus. It is prepared in their usual elegant manner in sugar-coated Capsulets; one capsulet being equal to one and a half grains of Quinine, and at about one-fourth its price. They designate the preparation "Thermaline." For full particulars we would refer our readers to their advertisement in this number.

The following Preparations are especially recommended to the Profession:

MILK OF MAGNESIA.

THE MOST EFFECTIVE APERIENT AND ANTACID KNOWN.

IT IS ESPECIALLY VALUABLE:

FIRST :—In **Disorders of the Stomach, Indigestion, Sick Headache, Nausea, Costiveness,** and **Flatulency.**

SECOND :—In all **Complaints of Infancy,** whether arising from **Indigestion, Imperfect Dentition,** or **Impurity of Blood.**

THIRD :—As a **Laxative,** removing causes of **Constipation.**

FOURTH :—As a **Preventive of Sourness of Food** in the **Stomach.**

FIFTH :—As the unfailing and acceptable remedy for the **Nausea incidental to Pregnancy.**

PHOSPHO-NUTRITINE.

A New and Important Preparation of the Soluble Wheat Phosphates.

TONIC, DIGESTIVE, AND HIGHLY NUTRITIVE.

A Vitalizing Tonic, superior to all others; relieving Mental and Physical Prostration.

ITS IMMEDIATE AND PERMANENT BENEFICIAL EFFECTS ARE RECOGNIZED

In **Consumption, Scrofula,** or any **Deterioration of the Blood.** In **Neuralgia and Nervous Affections.** In **Languor, Debility,** and **Loss of Ambition.** In **Impairments of the Brain,** and in complaints that follow **Overtaxing the System.**

PHILLIPS'

Palatable Cod-Liver Oil!

IN COMBINATION WITH

PHOSPHO-NUTRITINE.

MIXES WITH WATER, FORMING A MOST PALATABLE AND INVIGORATING MILK.

FOR USE IN CONSUMPTION, SCROFULA, AND WASTING DISEASES.

This combination is a preparation of pure Norwegian Cod-Liver Oil and Phospho-Nutritine as found in Wheat, retaining all the remedial and nutritive principles of each. The Medical Profession, as far as we have been able to reach, have unhesitatingly preferred **PHILLIPS' "PALATABLE"** for these reasons:

FIRST :—The *abundance of the best Cod-Liver Oil in its natural condition*, the universally accepted agent in the treatment of Consumption and Emaciation.

SECOND :—The vitalizing power of Phospho-Nutritine, *building up with the Phosphates.*

THIRD :—The *Absence of Saponifying results*, destroying the properties of the oil, making of the stomach a receptacle for soft soap, the more common error in emulsions, particularly those in which Hypophosphites are present.

FOURTH :—The minute subdivision of the oil globules, permitting and demanding its administration with water, *assuring thorough assimilation.*

FIFTH :—Its acceptability and *retention by all; the stomachs of some, especially females, having rejected all other preparations.*

PREPARED ONLY BY

CHARLES H. PHILLIPS, Manufacturing Chemist,

Nos. 2 and 4 PLATT STREET, NEW YORK.

☞ Circulars and Samples furnished upon application by mail.

Maltine; or, Malted Barley, Wheat and Oats.

MALTINE is prepared by Reed & Carnrick, New York.

Extracts of Malt (viz. Malted Barley) have of late become very widely known both in this country and in Europe, and have been received with much favor by the profession. In Germany especially, they have been ranked as among the most valuable therapeutic agents that the practising physician could obtain, and everywhere the reported results of their administration seemed to fully justify the high encomiums made concerning them.

It was only natural that when a preparation which had obtained so much importance abroad, was introduced to the attention of our physicians here, that its reception should be anything but cordial. There had been a want experienced by the profession for a preparation that should be rich in vegetable phosphates and nitrogenous elements, in order to combat the anemic condition so prevalent among our people, incident to the increase of nervous diseases and pulmonary affections; and this want we were assured was fully supplied by the Malt Extracts. However, experience has taught us that while in some cases the simple extract of malt may be beneficially administered, yet in a majority of instances disappointment will await the prescriber. This from no fault of the preparation itself, for it really performs all that nature intended it to do, but simply because it is lacking in those vitalizing principles so pre-eminently required in the diseases indicating its use.

When this fact was thoroughly established, American chemical skill was not long in producing a preparation which contained all those essential elements that extract of malt had proved so deficient in. Maltine, the name by which this new remedy is now known, is concentrated extract of Malted Barley, Wheat and Oats, and is the first example of a combination of the nutritious principles of these three cereals.

It will be seen by referring to the analysis of Barley, Wheat and Oats, that each cereal excels in certain nutritive constituents. It is therefore only in a combination of these cereals in the proper proportions, that a perfect preparation can be produced. Barley produces a large amount of Diastase, and it is only for this reason that it is used in Maltine, while Wheat and Oats contain much larger proportions of Nitrogenous, or vital principles. A pound of Wheat containing 25 per cent of Glutin, is equal in nutritive properties to three pounds of Barley.

The process has been so perfected that the nutritive principles of the grain is extracted unimpaired (see Prof. Doremus' report), while the ordinary process for making Extract of Malted Barley leaves most of the Albumenoids and much of the Phosphates, Musculine and Fibrin in the residue.

CHEMICAL REPORT ON "MALTINE."

By R. OGDEN DOREMUS, M.D., LL.D., Professor of Chemistry and Toxicology, Bellevue Hospital Medical College; Professor of Chemistry and Physics, College of the City of New York.

NEW YORK, April 17th, 1879.

This is to certify that I have visited the works at Cresskill, on the Hudson, where "Maltine" is prepared, and that I spent portions of two days in witnessing the chemical processes for making the same:

That I was particularly impressed with the thorough cleanliness observed, as well as with the completeness of the apparatus employed for accomplishing the desired result—from the first treatment of the grains, to the concentration of the liquid product by evaporation in vacuo:

That the operation is effective in extracting the whole of the nutritive constituents of the grains of Malted Barley, Wheat and Oats, with but a slight residue:

That it is the most complete method yet devised, with which I am acquainted, for accomplishing this object:

That "Maltine" presents a combination of the valuable constituents of the most renowned cereals, each of which long experience has demonstrated to possess characteristic properties:

That it is preserved from undergoing any chemical change without the use of alcohol:

That it is superior in therapeutic and nutritive value to any Extract of Malt made from Barley alone, or to any other preparation of any one variety of grain.

From a chemical and medical standpoint, I cannot commend too highly to my professional brethren this unique and compact variety of vegetable diet and remedial agent, nutritive to every tissue of the body, from bone to brain.

Respectfully submitted, R. OGDEN DOREMUS.

LIST OF MALTINE PREPARATIONS.

MALTINE (or Extract of Malted Wheat, Oats and Barley).
MALTINE with Hops.
MALTINE with Alteratives.
MALTINE with Beef and Iron.
MALTINE with Cod Liver Oil.
MALTINE with Cod Liver Oil and Phosphorus.
MALTINE with Hypophosphites.
MALTINE with Pepsin and Pancreatine.
MALTINE with Phos. Iron, Quinia and Strychnia.
MALTINE Ferrated.
MALTINE WINE.
MALTINE WINE with Pepsin and Pancreatine.
MALTO-YERBINE.

The above are supplied in pint and five pint bottles, for convenience in dispensing.

COMPOUND OXYGEN:

ITS USE BY THE MEDICAL PROFESSION.

It was only natural for the medical profession to regard with doubt and suspicion the high claims set up for the "Compound Oxygen Treatment." But as these claims have not only a scientific, therapeutical, and rational basis, but a still more substantial one of undisputed facts and steadily accumulating results, intelligent physicians in all parts of the country are beginning to examine them, and many who have cases which they cannot cure, to try the new Treatment. In scarcely a single instance, where the trial has been fairly made, has this agent failed to exhibit its singular power over the enfeebled life-forces, or to satisfy the physician that it possesses a vitalizing and curative value of a most remarkable character.

We give a few extracts from our correspondence with some of these physicians. The first is from a letter received from an intelligent practitioner at the South:

"*I have watched its wonderful vitalizing power in two or three instances in which the patients were using 'Home Treatment.' One of these patients was a sister, and her rapid improvement from a low condition of Nervous Debility and Muscular Prostration, resulting from severe acute disease, was almost miraculous. Your little work, 'The Compound Oxygen Treatment, Its Mode of Action and Results,' has fallen into my hands, and the therapeutical and pathological views therein inculcated being, to a great extent, in accord with what theory and experience have been impressing on me, I have read it with unusual care and interest. I am sure you have found a curative agent of incalculable remedial and vitalizing power, and* ***adapted to a wide range of diseases.***"

He then ordered a "Home Treatment" for one of his patients, and after using it for a few weeks, wrote as follows:

"*My patient is a lady forty-five years of age. After a long existing case of Chronic Bronchitis, tubercles were deposited in the lungs from hereditary taints. She has been a regular patient of mine for six or eight months, and her almost incessant cough, pain, loss of appetite, and the many other symptoms that attend such a condition, have been very distressing; and while I am not a very heroic allopathic practitioner, having learned many valuable lessons from Dr. Brinton and Dr. Da Costa, of your city, still I put her through a long catalogue of medicines; but she says she has been* ***more benefited already by the*** *'Compound Oxygen Treatment'* ***than by all I ever did for her; and she certainly has been.*** *Every one of the more distressing symptoms has been alleviated.* ***I candidly admit that she has improved astonishingly.***"

He has since ordered a number of Treatments for other patients.

Our next extract is from the letter of a physician residing in Vermont:

"*Lately my attention has been called to your little book, 'Compound Oxygen Treatment,' and I have hastily glanced through its pages. The scourge of our northern rigorous climate is consumption of the lungs, and all treatment for it when it has passed its incipient stage seems to be without avail.*"

He then described the condition of one of his patients, adding:

"*I see nothing but a fatal termination, and the chances are that with any treatment this will be the result. Your little book looks sensible, and I thought I would drop you a line in regard to this case, and see what you thought your Compound Oxygen would do for it. * * * I will not let any fixed opinions of my own stand in the way of my patient's recovery.*"

After receiving our reply he sent for the "Home Treatment," and during the spring and summer ordered additional Treatments, though without making any particular report of the cases in which they were used; but in September last, in ordering another Treatment, he wrote:

"*I shall continue to order the Compound Oxygen as long as I am as successful in pulmonary diseases as at present.*"

Another physician says:

"*In cases of bronchial, pulmonary, hepatic, and renal diseases, with their concomitant ailments, I have used it with decidedly good results.*"

Writes another physician:

"*My daughter for whom I procured the 'Compound Oxygen,' is cured of catarrh, dyspepsia, and nearly of rheumatism. * * * I have had catarrh for eighteen months, and now after three weeks' inhalation believe I am entirely relieved.*"

Says another:

"*I shall have quite an office practice soon if Miss —— continues to improve. * * * Many are much moved at the prospect of something being done for consumption and sufferers from catarrh.*"

If space permitted, we could offer many more cases in which physicians have used the "Compound Oxygen" in their practice, and always with equally good results.

Our "Treatise on Compound Oxygen" *is sent free of charge.* It contains a history of the discovery, nature, and action of this new remedy, and a record of some of the remarkable results which have so far attended its use.

G. R. Starkey, A.M., M.D.
G. E. Palen, Ph.B., M.D.

Drs. STARKEY & PALEN, 1112 Girard Street, Philadelphia, Pa.

Health and Other Points of Interest in Sewing Machines.

It is interesting to notice the positions taken by the leading sewing machine companies as shown by their advertisements. There are more than twenty companies doing business in this country, including several which make imitation machines. Those controlling the largest and best part of the trade are probably the Singer, Wheeler and Wilson, Domestic, and the Willcox and Gibbs. Of these the Singer is the oldest, and has for years done a large and profitable business. It now employs an enormous selling force, very many times larger than that of any other company. For advertising effect it seems to rely exclusively on the extent of its sales, without claiming any new and special features of merit, and has expanded its business so much of late years as to have at least 4500 branch offices and agencies. These are to be found in almost every obscure village on this continent and in Europe. Its machines are purchased principally by mill operatives and sewing women, to whom they would be more desirable were they less heavy in working.

The Wheeler and Wilson, which for years enjoyed great popularity and at one time bade fair to exceed the trade of any other company, has fallen considerably behind of late years, although the company from time to time introduces new machines which are supposed to obviate the difficulties of the one upon which their business was principally built up. For advertising effect this company make a great deal of their Exhibition Medals—a species of recommendation which in former years carried much more weight than now. Notwithstanding the new appliances, this machine, though very ingeniously constructed, involves a good deal of mechanical skill in its operation, and is really more adapted for use in the factory than the family.

The Domestic was very liberally advertised six or seven years ago, and still reaps some benefit from this expenditure. As to any special features it possesses, it has not materially changed since then, and it is not by any means so easy to operate as could be desired, notwithstanding its rather bold claims.

The Willcox and Gibbs Company are steadily advertising their new "Automatic," and there is little doubt that, proportionately to the selling force employed by them, they are to-day selling more machines than any other company, especially among the intelligent and well-to-do classes—and this, notwithstanding that the price of their new machine is higher than any other in the market. They could not maintain this position but for the really extraordinary features of their wonderfully perfected instrument, which seems to do away with every possible objection to machine sewing on the score of danger to health.

While all the machines we have referred to by name, and many others, such as the Home, the almost obsolete Grover and Baker, and the grandmother of all, the Howe, are very ingeniously constructed, and not without points of merit, yet, for the purposes of a family sewing machine, combining beauty of work, security of seam, ease of operating, and safety to health, we think that the "Automatic," of the Willcox and Gibbs Company, must eventually take the place of all previous inventions.

A Complete Warming and Ventilating Apparatus.

Many valuable improvements have recently been introduced in the construction of stoves and fire-place heaters, to preserve the advantages of both, without their objectionable features.

This problem has at last been solved by the invention of "The Fire on the Hearth" stove, which practically combines the cheerfulness of the open fire with the heating efficiency of the best stoves, united with its exclusive ventilating capacity.

From the high reputation this admirable open stove had acquired, we were induced to procure it for our household during the past winter, and from our own experience we can heartily endorse the commendations of its superior merits, which have appeared in the scientific press, with the general approval of prominent sanitarians.

The Feeding of Infants.

This subject was discussed at the one hundred and twelfth annual meeting of the Medical Society of the State of New Jersey, at Spring Lake, N. J., May 28 and 29, 1878. Special report for the *Medical Record*, Vol. 13, No. 23. (Extract from the report.) "Answers to this question differed with the residence of the physician—the country and city manifesting each its peculiar needs. The mother's milk is generally conceded to be the best for the infant. But, even when this is abundant, it may be disadvantageous for the individual living on it, and a substitute be necessary. Country practitioners recommend cow's milk as the best substitute, while many in cities and towns speak highly of condensed milk. Of the preparations so various and so highly commended by those who put them on the market, the Imperial Granum seems to hold the first place in the estimation of medical observers. We have used this justly celebrated Dietetic Preparation as a nutritive food in our own family, with entire success. All agree in condemning the use of nursing-tubes as unclean, even with the best of care."

Medicinal Wines.

It affords us pleasure to call the attention of physicians to the choice Hungarian Wines imported by Mr. L. Reich, of this city.

We can conscientiously commend these wines to the medical profession, not merely because they have received the endorsement of the most eminent physicians of this country, and have been commended for their purity by a recognized authority in chemistry and toxicol-

THE BANNING TRUSS AND BRACE COMPANY,

No. 704 Broadway, near Fourth Street,
NEW YORK CITY.

SOLE PROPRIETORS OF OUR OWN AND OF ALL OF DR. BANNING, SENIOR'S,
INVENTIONS AND IMPROVEMENTS.

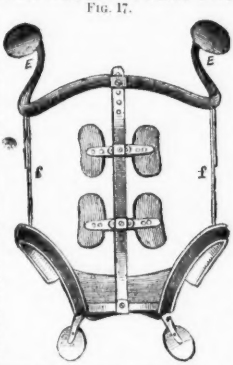
THE IMPROVED BODY BRACE.
FIG. 3.

Fig. No. 3 is a comfortable support to the abdomen, but is not designed as a support in supporting the bowels, spine, or chest.

ABDOMINAL AND SPINAL SHOULDER AND LUNG BRACE.
FIG. 8.

Fig. No. 8 is a general and grateful support to the hips, abdomen, chest, and spine, simultaneously, and by itself alone is ordinarily successful; but when not so particularly in spinal and uterine affections), the corresponding attachments are required.

THE IMPROVED SPINAL PROP.
FIG. 17.



No. 17, the IMPROVED SPINAL PROP, for supporting the abdomen, spine, and chest, and for taking superincumbent weight from the spine, simultaneously. In lateral curvature it operates by shifting the body's weight to the opposite foot, and so compelling the weight to gradually crush out the curve, by reversing the force of gravity upon the spine at each point of curvature.

BANNING TRUSS AND BRACE CO., sole Proprietors and Manufacturers of the **SYMMETRIZER SHOULDER BRACE,** with Skirt Supporter or Suspender Attachments. Something new. Patented in 1872, and since improved.

REVOLVING SPINAL PROP APPLIED.
FIG. 19.

How to Measure for any of these Appliances.
1st. Around the body, two inches below the tips of hip bones.
2d. Around the chest, close under the arms.
3d. From each armpit to corresponding tip of hip bone.
4th. Height of person. All measures to be in inches.
Measure over the linen, drawing tape measure *moderately tight.*

N. 19. THE IMPROVED REVOLVING SPINAL PROP, for sharp angular curvature, or "Pott's Disease" of the spine. Recent and important improvements in this have led to its adoption by the most eminent physicians.

Banning Truss and Brace Co.'s
SYSTEM
OF
MECHANICAL SUPPORT

Has the unqualified endorsement of over five thousand of the leading medical men of this country and Europe, and has been adopted by them in their practice.

PRACTITIONERS
Report to the Medical Journals and to us that cases
of
HERNIA, SPINAL DEFORMITIES,
AND
UTERINE DISPLACEMENT,

which have gone through the whole catalogue of other Spinal Props, Corsets, Abdominal Supporters, Pessaries, and Trusses,

YIELD READILY
TO
Our System of Support.

BANNING TRUSS AND BRACE CO., 704 Broadway, near 4th St.

No other Office or Address. **Send for Descriptive Pamphlet.**

N. B.—The numbers of the above Figures refer to Pamphlet Nos., NOT to Descriptive List Nos.

ogy, but because of their great medicinal value in cases of nervous exhaustion, general debility, and invalids generally.

His goods can only be obtained directly from him, not being on sale in drug or liquor stores.

The Banning Truss and Brace Co.

We beg leave to call attention to the Instruments and Appliances manufactured by this Company. They make a specialty of the manufacture of Spinal, Uterine, and Hernial Braces and Supporters, in which they have no superiors. These appliances are light, easily adjusted, and comfortable to the patient. Having the endorsement of the most prominent physicians of this country and Europe, we take pleasure in commending them to the profession. All orders should be addressed to The Banning Truss and Brace Co., 704 Broadway, N. Y. City, as per advertisement over leaf.

A Contribution to the Hæmatinic Properties of Dialyzed Iron.

By Robert Amory, M. D., Longwood, Mass.

From the Boston Medical and Surgical Journal, April 3, 1879.

We invite attention to this valuable monograph as the result of careful scientific investigation, by an interesting and delicate microscopic and photographic study, of the changes in the blood occurring upon the administration of dialyzed iron. Dr. Amory was induced to study the subject by hearing professional expressions of a skeptical distrust as to the virtues of dialyzed iron. He first inquired into the proportion of metallic iron in the so-called dialyzed iron, and learned that the scaled preparation manufactured by the widely-known and reliable house of John Wyeth & Brother, Philadelphia, contained 52 per cent. of metallic iron (or over 17 per cent. more than the sesquichloride of iron), according to the analysis of Prof. Charles M. Cresson. The Messrs. Wyeth also claim that their solution of dialyzed iron has over 20 grs. of ferric oxide to each oz. of the solution, which claim is supported by the analysis of Prof. F. A. Genth, University of Pennsylvania, who procured a sample from a retail druggist, and found 21.69 grs. in each oz. of solution. After these inquiries, Dr. Amory used the preparations of this house in his clinical investigations. He compared the properties of dialyzed iron with other well-known iron preparations, and found the former to be more soluble, that it kept without change, did not corrode the teeth, impair the digestion, or produce constipation, and that it contained a greater percentage of iron. He elected for the objects of therapeutic study a few cases of individuals in comfortable circumstances, as regards food, clothing, and homes, without organic disease (if we except simple impoverishment of the blood), who were aware of being out of their usual health, unable to accomplish their regular work, but without impaired appetite or feeble digestion; a majority suffered with headache or neuralgia; finally all had diminished corpuscular richness of blood, varying from 3,350,000 to 4,000,000 per cubic millimetre; and under the continued use of 90 drops of Wyeth's solution of dialyzed iron *per diem*, this condition of impoverished blood was replaced by an increase in the number of corpuscles from 3,600,000 to 4,900,000, and the symptoms of ill-health disappeared with this improvement.

For estimating the corpuscular richness or poverty of blood, Dr. Amory used Gower's hæmacytometer, projected the image on a photographic plate, then printed from the negatives, and counted upon the print the number of the corpuscles, obliterating each one as counted. The error of variation was less than three per cent. He closes thus: "Many of these solutions (of dialyzed iron) are valueless, some are very dilute, and a few are of pretty uniform standard and contain only the products of dialysis from a salt of iron and distilled water. If physicians use a worthless preparation they need not expect an improvement in the anæmia; and if they use a dilute solution, they must prescribe a large amount of the solution. In the preparation I used for these experiments the solution had a specific gravity of 1042, and had no free acid."

This brochure is valuable not merely as a contribution to the therapeutics of dialyzed iron, but also as illustrating the refinement and accuracy of investigation, which the conscientious and educated physician applies in every field of scientific study. We regret our inability to notice more fully.—*The Southern Clinic.*

Parvules.

From the Southern Medical Record, April 20, 1879, *By W., Editor.*

Habitual constipation is a very common and often a very difficult condition to overcome. Almost every journal contains formula and suggestions from the experience of practitioners promising much, but as a rule resulting in disappointment. We have for the last twelve months been using, with great satisfaction, minute doses of podophyllin, as contained in the *parvules* of Wm. R. Warner & Co., of Philadelphia. The parvules which we use contain only one-twentieth of a grain in two, and we give only one to two pills regularly three times a day. The podophyllin in powder does not seem to be so efficient. Why this is so, we cannot tell; perhaps it is the trituration, or something in the method of preparation; or it may be the purity of the article used by this staunch and reliable House, whose fame in the preparation of sugar-coated pills is world-wide. The effect of these parvules, given as above, is simply to re-establish and regulate the peristaltic action, producing one easy, slightly softened and apparently natural dejection daily. It also imparts tone to the liver, invigorates the digestive function, relieves hemorrhoids if they exist, and improves the general health.

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11 Rue Neuve Des Capucines,

Paris, February 20th, 1879.

Editors North Carolina Medical Journal.

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* * * * *

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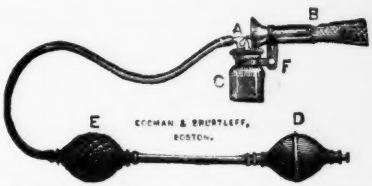

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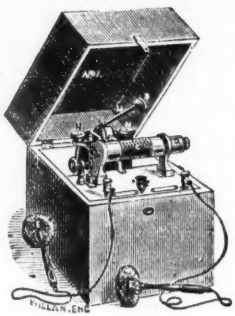

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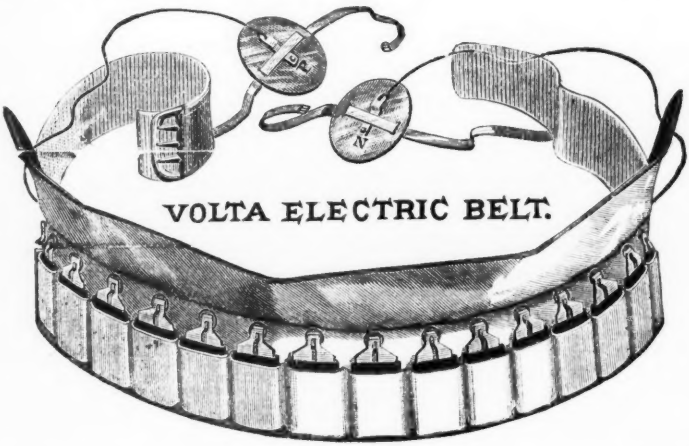

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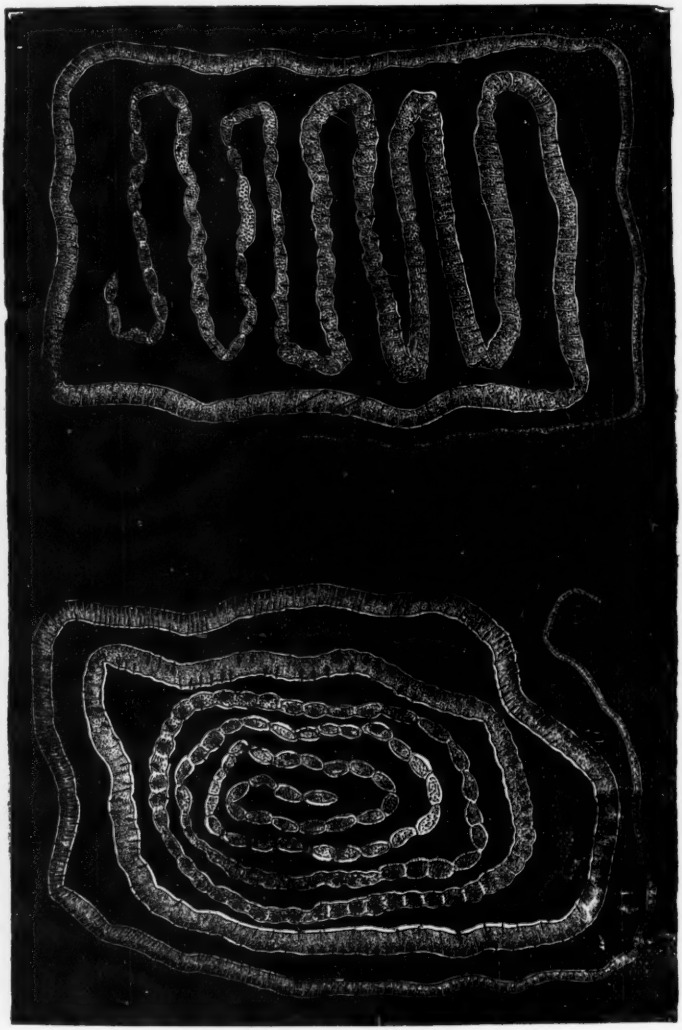

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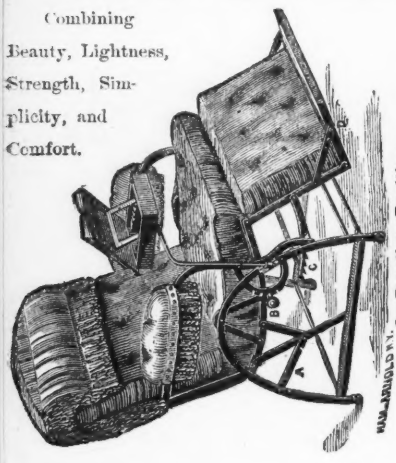

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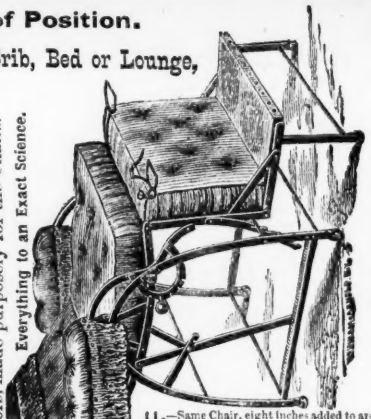

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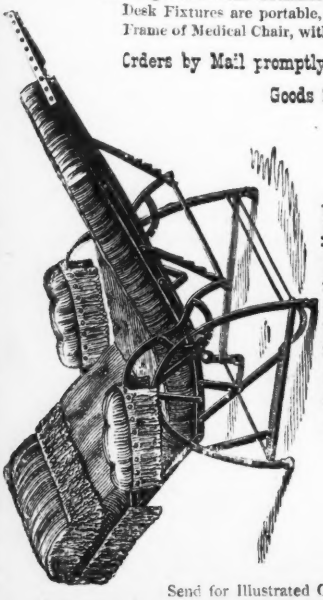

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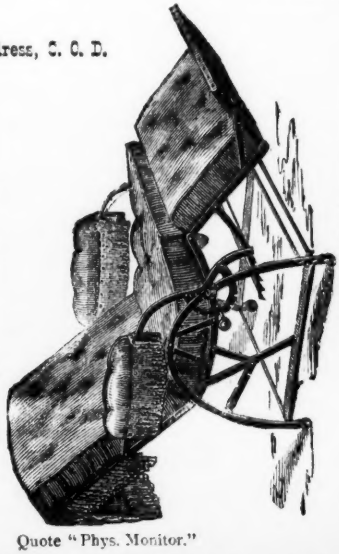

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CALENDAR FOR 1879-'80.

1879	Sunday	Monday	Tuesd'y	Wedn'y	Thurs'y	Friday	Saturd'y
JANUARY.	..	..	..	1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	..
FEBRUARY.	..	..	..	..	..	..	1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	..
MARCH.	..	..	..	..	..	..	1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30	31	..	..	..	..	..
APRIL.	..	..	1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	..	..	..
MAY.	..	..	..	..	1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31
	..	..	..	..	..	..	..
JUNE.	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	..	..	..	..	..

1879	Sunday	Monday	Tuesd'y	Wedn'y	Thurs'y	Friday	Saturd'y
JULY.	..	..	1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	31	..	..
AUGUST.	..	..	..	..	..	1	2
	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
	31	..	..	..	..	..	..
SEPT'R.	..	1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	..	..	..	..
OCT'R.	..	..	..	1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	..
NOV'R.	..	..	..	..	..	..	1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30	..	..	..	..	..	..
DEC'R.	..	1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31	..	..	..

1880	Sunday	Monday	Tuesd'y	Wedn'y	Thurs'y	Friday	Saturd'y
JANUARY.	..	..	..	..	1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31
FEBRUARY.	..	..	..	..	..	..	..
	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	..	..	..	..	..	..
MARCH.	..	1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	31	..	..	..
APRIL.	..	..	..	..	1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	..
MAY.	..	..	..	..	..	..	1
	2	3	4	5	6	7	8
	9	10	11	12	13	14	15
	16	17	18	19	20	21	22
	23	24	25	26	27	28	29
	30	31	..	..	..	..	..
JUNE.	..	..	1	2	3	4	5
	6	7	8	9	10	11	12
	13	14	15	16	17	18	19
	20	21	22	23	24	25	26
	27	28	29	30	..	..	..

1880	Sunday	Monday	Tuesd'y	Wedn'y	Thurs'y	Friday	Saturd'y
JULY.	..	..	..	..	1	2	3
	4	5	6	7	8	9	10
	11	12	13	14	15	16	17
	18	19	20	21	22	23	24
	25	26	27	28	29	30	31
AUGUST.	..	..	..	..	..	..	..
	1	2	3	4	5	6	7
	8	9	10	11	12	13	14
	15	16	17	18	19	20	21
	22	23	24	25	26	27	28
	29	30	31	..	..	..	..
SEPT'R.	..	..	..	1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	..	..
OCT'R.	..	..	..	..	..	1	2
	3	4	5	6	7	8	9
	10	11	12	13	14	15	16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
	31	..	..	..	..	..	..
NOV'R.	..	1	2	3	4	5	6
	7	8	9	10	11	12	13
	14	15	16	17	18	19	20
	21	22	23	24	25	26	27
	28	29	30	..	..	..	..
DEC'R.	..	..	..	1	2	3	4
	5	6	7	8	9	10	11
	12	13	14	15	16	17	18
	19	20	21	22	23	24	25
	26	27	28	29	30	31	..

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MALE FERN AND KAMALA AS A REMEDY FOR TAPE WORM.

In the year 1865 Dundas Dick & Co. introduced to the profession of the United States the combination of the Extract of Male Fern and Kamala (in the form of Capsulets) as a certain remedy for Tape Worm, and since that time they have continually been gaining favor with physicians, being used when the usual remedies failed, and are now accepted as the most reliable preparation for their expulsion. Little preparation is required before their administration, and the Capsulets seem to answer equally well all cases, especially the armed worm so common in the United States. Many eminent practitioners have found that either of these medicines when used separately, frequently failed, even though the medicine was fresh and of good quality; but when combined, as in our Capsulets, they never fail. Over six hundred cases of Tape Worm were treated during the year 1878 with our Capsulets of Male Fern and Kamala, and not one failure has been reported. Success may always be relied upon when administered according to directions. There are twelve Capsulets in a box—the Capsulets contain five grains each Extract of Male Fern and Kamala, carefully prepared by a process peculiar to ourselves.

MALE FERN was known to the ancients, but was subsequently almost forgotten until revived through the introduction of certain secret remedies for Tape Worm, of which the Male Fern was the principal ingredient. The secret of one of these remedies was purchased by Frederick the Great for a very large sum of money, and another was bought, after a thorough investigation by some of the most learned physicians of Paris, by Louis XIV., in the year 1775, from the widow of a celebrated physician, for a still larger sum. Great care is required in its collection, and as age rapidly lessens its value, it should be collected every season and prepared with the utmost care, so as to preserve all the *Aspidine* and the *three acids* upon which its medicinal qualities depend. It should be kept in well stopped bottles and in the dark, or, still better, hermetically sealed as in Capsulet form.

KAMALA is mentioned by some of the Arabian physicians as early as the tenth century, under the name of Kanbil or Wars. In modern times Niebuhar speaks of it as Uars, coming from Mokha to Oman. It was introduced into the British Pharmacopœia under the name of Kamela in 1864; also into the United States Pharmacopœia and Dispensatory under the name Kameela. Dundas Dick & Co. brought it to the notice of the medical profession and drug trade of the United States in 1865 under the name of Kamala, the Indian name, which name has since been adopted in the British and German Pharmacopœias. There are three varieties, all are subject to great adulteration, as usually met with in commerce. Dundas Dick & Co. are the only direct importers of the true Medicinal Kamala, used in the cure of Tape Worm; they collect it with the greatest care at the end of the cold season in the Poonah District, East Indies, Presidency of Bombay.

See fortieth page for cut of worms alluded to in Dr. Caldwell's letter.

OFFICE 65 N. CHARLES STREET,
BALTIMORE, May 17th, 1878.

MESSRS. DUNDAS DICK & CO.,
NEW YORK:

Gentlemen:—

About a week ago I wrote you asking for some capsules, MALE FERN AND KAMALA, to administer in a very obstinate case of Tape Worm. Thanks for your prompt reply; the medicine reached me by return mail. I have much pleasure in reporting that it was administered with entire success, and the parasite, *(Tænia Solium)* of enormous size, was exhibited before the regular session of the *Baltimore Medical and Surgical Society* last evening, with the following brief explanation:

"*Gentlemen:*—This large Tape Worm has an interesting history of two years duration, it was passed last night by a young lady, twenty odd years of age, (a new patient to me,) who informed me that this monster had been combatted in vain by some of the leading physicians in our city, and during this long period, over one thousand detached pieces have been passed! Yesterday she followed my directions with DUNDAS DICK & CO.'S CAPSULES, with the happy results before you."

These facts are now at your service. They created many remarks eulogistic of your medicines.

I would be very happy to try specimens of all your remedies.

Yours truly,
J. J. CALDWELL, M. D.

---

65 N. CHARLES STREET,
BALTIMORE, May 24th, 1878.

MESSRS. DUNDAS DICK & CO.,

My Dear Sirs:—Your note received, and in response have to say that I administered the Capsules precisely as directed in your circular. The Tape Worm will be forwarded as soon as it is nicely prepared.

Yours very truly,
J. J. CALDWELL, M. D.

[Editorial Notice from *Southern Clinic*, May, 1879.]

"WE take pleasure in saying that our experience with DUNDAS DICK & CO.'S capsules of *Male Fern and Kamala* has been very satisfactory. Not long since a little adopted child of Mr. Thomas Johnston, 206 W. Marshall Street, Richmond, Va., came under our care; and after exhausting the usual remedies for Tape Worm in her case without success, we administered four capsules (D. D. & Co.'s Male Fern and Kamala,) which caused a prompt expulsion of the worm next morning. This worm, including fragments passed the day after, would have measured 13 feet.."—C. A. BRYCE, M. D.,

ALTA, Iowa, July 20th, 1878.

DUNDAS DICK & Co.,

Gentlemen:—I followed your directions, giving eight Capsulets first dose, which expelled part of the worm on first evacuation; then gave three more, when the remainder of the worm came away within twelve hours after taking the Capsulets, Yours, &c., R. B. DANDO, M. D.

CORNING, IOWA, Oct. 18th, 1878.

MESSRS. DUNDAS DICK & Co., New York,

Gentlemen:—I prepared my patient according to your directions, and in a few hours after taking the Capsulets the lady passed a Tape Worm thirty-six feet long. She had tried almost every known remedy previously without effect. I believe your Capsulets the very best remedy now in use for the removal of Tape Worm. W. H. MAIKEN, M. D.

DIRECTIONS

For taking MALE FERN and KAMALA Capsulets, prepared by DUNDAS DICK & CO.

The patient should take very little food for two days, and that little should be of a fluid nature; on the evening of the second day he should take a purgative (castor oil is best) of sufficient strength to cause an evacuation of the bowels in the morning, after the castor oil given the previous evening has operated, and while still fasting, the patient should take five or six Capsulets, and thirty minutes later other five or six Capsulets, along with a full dose of castor oil or other purgative. The worm generally comes away within two hours after taking the second dose of Capsulets. For persons under twenty years of age four or five Capsulets is a dose; under fifteen years three or four; under ten years two or three. The above treatment is that usually practiced by physicians, and it has never yet failed in expelling the worm or worms. Mailed direct to physicians on receipt of price—60 cts. per box.

DUNDAS DICK & CO.'S SOFT CAPSULATED MEDICINES are first well washed and dried, then covered with powdered starch, afterwards enveloped in tin-foil, so as to protect them from the effects of a warm or moist atmosphere. To have them regain their natural softness, they should be exposed to the atmosphere for a short time, or, still better, place them in a saucer or any suitable vessel, covering it with a wet cloth in such a way that the cloth will not touch the Capsulets; when this is done they become so soft and flexible (in a very few minutes especially during the summer) that they are handled with difficulty; then each one should be placed in water for a moment, then lifted with a tablespoon, along with as much water as it will hold, and in this way they are more easily swallowed than the smallest pill. Some people soften them by merely rubbing them in the hands for a few seconds, and often swallow them without the assistance of water.

DOCUTA SANDALWOOD.

SANDALWOOD is mentioned in the *Nirukta*, or writings of Yaska, the oldest vedic commentary extant, written not later than the fifth century B. C. The wood is also referred to in the ancient Sanskrit epic poems, at about as early a date. The author of the *Periplus of the Erythrean Sea*, written about the middle of the first century, enumerates Sandalwood as among the Indian commodities, imported into Omana in the Persian Gulf. It is used very largely all over the Eastern Archipelago for its rich aromatic qualities, and mentioned by Masuda as one of the most costly aromatics. In India and China it is still used in all the most sacred buildings, and from which the "*Docuta*" Sandalwood, the "sweet-smelling wood of the temple," derives its name, being the species of wood used in temple observances in the East Indies. The production of Sandalwood until lately seemed to have been a monopoly from which the East Indian Company derived a handsome sum annually, and even yet the Madras Presidency derives a large source of revenue and which has been regularly increasing. The quantity felled in the Reserved Forests during the year 1872-73 was 15,329 maunds (547½ tons). Sandalwood was not much known to English Commerce until within a few years ago, and it was almost entirely unknown in the United States until the year 1865* when Dundas Dick & Co. brought it to the notice of the medical profession as a valuable specific in the treatment of Gonorrhœa, since which time it has held an increasingly important place in the Materia Medica, indeed fast superseding every other known remedy. There is no drug imported into the country that is more adulterated than Oil of Sandalwood. Much of the inferior qualities are constantly put on the market under the various names—Australian, West Indian, Turkish, German, &c., &c.—most of which is entirely valueless when prescribed for disorders of the urethra. Many physicians have found out in their experience that the inferior oil instead of benefiting the patient, has been instrumental in retarding the patient's recovery, thus becoming injurious instead of beneficial. Dundas Dick & Co., Manufacturing Chemists, New York City, use more Oil of Sandalwood in the manufacture of their Capsules for medical purposes, than all the wholesale and retail druggists and dealers in the United States combined. Having had over twenty years experience in buying and selling the Oil as a medicine, and during that time having become the largest dealers in Oil of Sandalwood in the world, they are in a position to guarantee that nothing but the *purest Docuta Oil* is used in their Capsules, and this doubtless, explains the great and continued success their Docuta Sandalwood Capsules have had ever since their introduction, notwithstanding the many cheaper Capsules now offered to the public, most of them are entirely worthless as a medicine, besides many of them injurious.

D. D. & Co. beg to call the particular attention of the profession to the late improvement in their Sandalwood Capsules. Certain species of Sandalwood contains a peculiar resinous matter, having an astringent and very

* According to *The National Dispensatory*, 1879.

pungent taste, and which has proved from late experiments, to be of very great value. A prominent physician in St. Louis administered it in a very severe case of Gonorrhœa, after having used all the usual remedies without effect, giving it in doses of twenty grains four times daily; in forty-eight hours the discharge had entirely ceased, but on the morning of the third day the patient was covered with an eruption similar to that produced by Copaiba. The medicine was discontinued and in three days the discharge returned, when a mixture of the *Extract* and *Oil* of Docuta Sandalwood (one part Extract to three of Oil) was given, which performed a rapid and permanent cure. The result of many trials indicate that very few can tolerate the *Extract* alone, but when administered together as now prepared in Dundas Dick & Co.'s Capsules, it can not only be given with perfect safety and reliability in *all* cases, recent and chronic, but acts quicker than any other known remedy, the result being remarkable in several cases. Decided good results are shown in two or three days, and if otherwise, the treatment can at once be changed. Mailed direct to physicians on receipt of price, $1.20 per box. Capsulets (small size) 60 cts. per box.

NEW METHOD OF ADMINISTERING CASTOR OIL AND COD LIVER OIL.

The great objection to ordinary Capsules has been their inability to contain sufficient quantity of the above two valuable though nauseous medicines for an adequate dose. This is entirely overcome in the new Capsuloids or Gelatinous Bottles of Castor and Cod Liver Oil, lately prepared by Dundas Dick & Co. They are named *Capsuloids* on account of their being larger than the usual Capsules, each containing half a large teaspoonful of Oil (about 50 drops). It has been proved that even this size singly, with the aid of a little water, are more easily swallowed than either the Capsules or Capsulets. Owing to their shape as well as their flexibility, they readily adapt themselves to the formation of the throat, and consequently are more easily swallowed than the smallest pill. This will seem to be almost incredulous at first thought, but all those who have tried them are delighted with them, and have attested the fact without the possibility of a doubt, that they are not only more easily swallowed than the ordinary pills, but are the only agreeable method of taking these nauseous medicines without taste or smell. The Capsuloids or Bottles, are made of lemon jelly and dissolve readily in the stomach. Another consideration is the price—25 cents per box—thus they certainly are within the reach of every one.

This novel and elegant manner of putting up these medicines will doubtless be much appreciated by the profession, who have long felt the need of something to disguise the objectionable taste of these Oils, especially will they be most welcome at the present time, when so many articles are offered which, instead of disguising the taste and smell, are still more revolting to the taste than the Oils themselves.

Sample box sent free to any physician on application.

BALSAM OF COPAIBA.

The Copaivi contained in these Capsules is carefully collected in Brazil and thence exported to this country, being especially selected by D. D. & Co. for its medicinal properties in the cure of Gonorrhœa, Gleet, Leucorrhœa, Painful Hemorrhoidal Affections, and Chronic Bronchial Inflammation. It has also been proved to be beneficial in cases of Chronic Dysentery; but the Matico, Cubebs and Copaiba Capsules are superior for that purpose. The usual dose given in cases of Gonorrhœa is two Capsules four times a day. It will be found suitable in all cases where there is not much inflammation, and time not being any great object, as it generally takes, even under favorable circumstances, from twenty to twenty-five days to effect a cure. The usual dose when given as a diuretic is one Capsule three times a day. Mailed direct to physicians on receipt of price, 35 cents per box; Capsulets (small size) 20 cents per box.

COPAIBA, WITH OIL OF CUBEBS.

This compound is more powerful than plain Balsam of Copaiba, and takes shorter time to complete a cure. The usual dose given in cases of Gonorrhœa and Gleet, is two Capsules four times a day; when used as a diuretic one Capsule three times daily. Mailed direct to physicians on receipt of price, 60 cents per box; Capsulets (small size) 35 cents per box.

MATICO, CUBEBS AND COPAIBA.

Owing to the astringent nature of Matico, this compound is found very valuable in old and neglected cases of Gonorrhœa and Gleet; in some instances it has been even substituted for Sandalwood with marked effect. It is also good in cases of Chronic Diarrhœa. The Oil of Matico contained in these Capsules is one of the most expensive of essential oils. The usual dose in cases of Gonorrhœa and Gleet is two Capsules four times a day. Mailed direct to physicians on receipt of price, 70 cents per box; Capsulets (small size) 40 cents per box.

NOTICE TO PHYSICIANS.

The above Capsules are handsomely put up in tin-foil, each box containing thirty Capsules, with the exception of Male Fern and Kamala, in which case there are only twelve Capsules in the box. These Capsules were the only Capsules admitted to the last Paris Exhibition from this country, and were awarded the highest Prize, Medal and Diploma by the U. S. Centennial Commission at Philadelphia in 1876. Machinery patented Aug., 1865.

No patent or proprietary medicines whatever are put up in our Capsules.

We take this opportunity of thanking the profession for their patronage of our Capsules, a full assortment of which is kept by all druggists in the larger cities and towns in the country, and by most of the druggists in the smaller places.

Physicians will confer a favor on us if they will kindly specify Dundas Dick & Co. on their prescriptions, as there are many spurious imitations in the market, claiming equality, similarity, &c., with our manufacture; and we would here say that there are no similar Capsules to ours manufactured in this country. They stand first in point of merit over all other Capsules in the world. (See Prof. Van Buren and Keyes' Treatise on Genito-Urinary Organs, Edition 1876, page 64.)—Yours very respectfully,

OFFICE AND MANUFACTORY, DUNDAS DICK & CO.
35 and 37 Wooster Street, New York.

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A saccharated compound of Calcined Magnesia (Hydrated), containing traces of Potassa, Sulphur, Soda and Wine Acid, formed into delightfully flavored Lozenges for Regulating the Bowels, and for the relief and cure of Constipation, probably the best medicine for softening the motions, and therefore very suitable in cases of Hemorrhoids, and as an Anti-acid for Heartburn, &c. Mailed on receipt of price, 25 cents per box.

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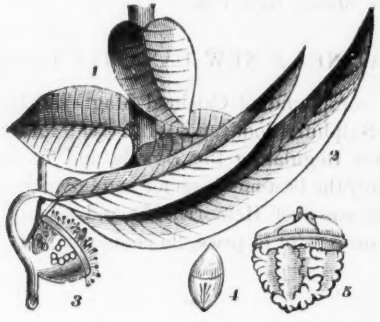
"THE BEST SUBSTITUTE FOR QUININE YET PRODUCED."

THERMALINE will be found to be of great service in all cases where Quinine is indicated, as it contains *all* the alkaloids of the Calisaya bark. It is probably safe to assert that the carefully selected and prepared soluble extracts of all the active principles contained in Calisaya bark, along with Eucalyptus, will give ample proof of superiority to Quinine in cases of Chills and Fever and all malarial diseases, as also in that where a good general tonic is required. It is admitted by many physicians that the crude Cinchona is superior to Quinine, as we find it frequently resorted to when Quinine fails, but owing to the uncertain quality of the bark, its bulk and partial insolubility, it is evident that a combination of all the alkaloids contained therein, would be superior to either.* From recent experiments, as carried out at the instance of the British Government, and taken on a very large basis, (in 1,200 cases of fever) it has been found that there was very little difference in the curative power of the alkaloids, some requiring a little longer time than the others, but each having the same good effect. In some cases it was proved that one of the alkaloids even surpassed the Sulphate of Quinine.

* Dr. R Dundas has used large doses successfully in the treatment of Typhus and Continued Fevers.—*(Headland.)*

"The discoverers of the valuable anti-malarial properties of Eucalyptus are Sir W. Macarthur, M. Ramel, and also Baron Mueller, the government botanist of Victoria, Australia. Other eminent physicians have also testified to its great remedial value in fevers, more especially in those of an intermittent character, among whom are the well-known names, M. Pepin, Dr. Carlotte, of Corsica, Dr. Lorinser, of Vienna, Dr. Keller, Prof. Maclean, of Netley, Dr. Gimbert, of Cannes, Dr. Herman Œffinger, &c., &c.

"Prof. Gubler has shown that the anti-catarrhal virtues of Eucalyptus are most remarkable; and Sir John Rose Cormack states, he does not know of any remedy equal in value to the preparations of this tree."*



EUCALYPTUS GLOBULUS.

1 Young Leaves. 2 Adult Leaves. 3 Flower. 4 Bud. 5 Fruit.

† "THE TREE OF THE FUTURE—THE TREE OF HOPE."

As precision in the amount prescribed is important to the physician, we deem it proper to say that EACH CAPSULET CONTAINS TWO GRAINS OF THE COMBINED ALKALOIDS, and other soluble constituents. The additional power over exalted bodily temperature, imparted by this combination, is found to render *each Capsulet equal to one grain and a half of Sulphate of Quinine*, it will thus be found most suitable as a substitute for Quinine on account of its extremely low price, being *at least equal to Quinine at a very much less price.*

THERMALINE is sold by all Druggists in 25c., 50c., and $1.00 boxes, being expressly put up for those who are not favored with constant medical advice, and are unable to purchase Quinine on account of its extremely high price at present. At the earnest solicitation of many physicians who are now using Thermaline among their poorer patients instead of Quinine, with satisfactory results in Malarial diseases and as a general tonic, D. D. & Co. have put it up in blank boxes suitable for prescribing, *which are only supplied direct to physicians* and not sold through the trade, at the rate of $2.50 per dozen boxes, which can be mailed, postage paid, to any address on receipt of the money either in currency or postage stamps.

* Extract from a lecture delivered before the Royal Botanical Society of London, by Prof. Bentley, F. R. S., at the desire of the Council.

† Prof. Fluckiger.

THE REPUTATION

Which the celebrated SELTZER SPRING of Germany has maintained during many years, for the therapeutic value of its waters, is a fact well understood by the Medical Profession. The testimony of large numbers receiving benefit from their use is conclusive proof as to their efficacy.

Is an artificial combination of the essential elements of these waters, as ascertained by strict chemical analysis, discarding those substances which are inert, and retaining those only which have a positive therapeutic value.

These waters belong to that class known as ACIDULO-ALKALINE, which owe their medicinal virtues to the Carbonic Acid and to the Salines in combination. Hence they act chiefly on the digestive, renal, and nervous systems.

AS A SALINE CATHARTIC,

We especially recommend our preparation to the careful consideration of physicians. In all disordered conditions of the digestive organs, especially when connected with hepatic derangement; in those congested states of the alimentary canal and appendages peculiar to warm seasons and tropical climates; in the various forms of Dyspepsia, including Constipation, Acidity, Heartburn, etc.; in Uterine disease, connected with an inactivity of the large intestines; as also in the nausea of pregnancy; in febrile conditions; in short, in all those types of disease where Saline Purgatives are indicated, we have no hesitation in recommending it as a mild yet efficacious cathartic.

AS A DIURETIC

its action is none the less marked, for, in diminished doses, its influence is transferred to the renal system. Hence in Rheumatism, Gout, Dropsy, and Diseases of the Urinary System, the SELTZER APERIENT can be relied upon to correct the acidity of the urine, and promote a copious renal secretion.

AS A PALATABLE CATHARTIC,

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IT HAS STOOD THE TEST OF TIME

successfully, and has received the flattering commendation of many eminent physicians who have proved its adaptability to the diseases for which it is recommended above.

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Signed by { P. W. BEDFORD, *Chemists.* / ISIDOR WALZ.

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